

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1827
Registrar's No. 57

Registration District No. 85
Primary Registration District No. 1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town ST. JOSEPH
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(d) Length of stay: In hospital or institution 2 yrs. 10 mos. 26 da.
In this community all of life

3. (a) PRINT FULL NAME Frank Leslie
(b) If veteran, name war None
(c) Social Security No. None

4. Sex male
5. Color or race white
6. (a) Single, widowed, married divorced married
(b) Name of husband or wife Nannie Leslie
(c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb. 26 1870

8. AGE: Years 70 Months 10 Days 17
If less than one day hr. min.

9. Birthplace Andrew County Mo. D

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER
12. Name Benjamin Leslie
13. Birthplace Ill. I
14. Maiden name Nancy Seay
15. Birthplace Ky. I

16. (a) Informant Mrs. Frank Leslie
(b) Address 3612 Mitchell, St. Joseph, Mo.

17. (a) Burial
(b) Date thereof Jan. 15, 1941
(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director H. O. Sinden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Jan 14-1941 (b) H. Testelsh

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 3612 Mitchell
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 13
year 1941 hour 7-25 minute a. M.

21. I hereby certify that I attended the deceased from Feb 17 1923 to Jan 13 1941
that I last saw him alive on " " " " 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to Arteriosclerosis
Due to

Other conditions markedly deteriorated - many months
(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? 85
(Specify type of place) (e) Means of injury

23. Signature J. J. Bell (M. D. number)
Address St. Joseph Date signed 1/7/41

Duration 2
PHYSICIAN Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed..... *Albert R. Harrington*.....

Licensed Embalmer No..... 3258.....

P. O. Address..... St. Joseph, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.