

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Mary's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 17 days  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

8. (a) PRINT FULL NAME Elmora Leach

8. (b) If veteran, name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Timothy A. Leach 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 25 1881  
 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Feresville, Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas A. Owens  
 18. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

14. Maiden name Jeanette Nit  
 15. Birthplace \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lillie Smith  
 (b) Address Union Mo

17. (a) Burial (b) Date thereof 2-2-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leach Cemetery Cape Hill

18. (a) Signature of funeral director Morton Turner Stone While at work? \_\_\_\_\_ (Specify type of place)  
 (b) Address Union Mo (c) Means of injury \_\_\_\_\_

19. (a) 1-30-41 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)  
 2. Signature M. M. Rumba (M. D. or other) \_\_\_\_\_  
 Address Jefferson City Mo Date signed \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage  
 (c) City or town Cooper Hill  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 1  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30  
 year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 12  
 1941, to Jan 30, 1941  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Chr. Cholecystitis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Chr. Cholecystitis  
Chr. Hepatic Cirrhosis  
 Of operations \_\_\_\_\_  
 Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

3. Signature M. M. Rumba (M. D. or other) \_\_\_\_\_  
 Address Jefferson City Mo Date signed \_\_\_\_\_

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

26  
5  
4

FEB 14 1941

**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..... *Vernon M. Mocton*

Licensed Embalmer No..... *4125*

P. O. Address..... *Linn*

**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, above space should be left blank.**