

STANDARD CERTIFICATE OF DEATH

State File No. 4081

Registration District No. 760A Primary Registration District No. 4455 Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town Wentzville
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 years years, months or days

3. (a) PRINT FULL NAME John Boyd Leasure

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edna 6. (c) Age of husband or wife if

7. Birth date of deceased Jan 7 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months - Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Pequora Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Poultry raising

11. Industry or business _____

12. Name John Boyd Leasure

13. Birthplace Dont know
(City, town, or county) (State or foreign country)

14. Maiden name Dont know

15. Birthplace Dont know
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Leasure

(b) Address Wentzville, Mo

17. (a) Rural (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation Sturgeon Mo

18. (a) Signature of funeral director T. C. McMurran

(b) Address Wentzville Mo

19. (a) 1-23-41 (b) Gertrude S. Foust
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town Wentzville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1941 hour 10 minute _____ M.

21. I hereby certify that I attended the deceased from 1/19/41
_____ 19____ to 1/20 1941
that I last saw him alive on 1/20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral opaplety Duration 24H.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. C. McMurran D. or other MO
Address Wentzville, Mo Date signed 1/22/41

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

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.....

J. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.