

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6562

MAR 14 1941
Registration District No. 129

Primary Registration District No. 5180

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Cape Girardeau Co
(b) City or town Fruitland
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cape Girardeau
(c) City or town Fruitland, Mo.
(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.

3. (a) PRINT FULL NAME Unnamed Leimer
3. (b) If veteran, name war _____
3. (c) Social Security No. None

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced 12
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 24 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 24
year 1941 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from Feb 24, 2:30 PM, 1941, to Feb 24, 2:30 PM 1941;
that I last saw him alive on Feb 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth Duration ✓
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
0 0 0 1 hr. — min.

9. Birthplace Fruitland MO
(City, town, or county) (State or foreign country)

10. Usual occupation Infant
11. Industry or business _____

MOTHER FATHER
12. Name Gilbert Leimer
13. Birthplace Fruitland MO
(City, town, or county) (State or foreign country)
14. Maiden name Lela Trickett
15. Birthplace Pocahontas MO
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gilbert Leimer
(b) Address Fruitland Mo.

17. (a) Burial (b) Date thereof Feb 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pocahontas, Mo.

18. (a) Signature of funeral director Wilson - Dutton & Co.
(b) Address Jackson Mo.

19. (a) 2-25-1941 (b) J. Schoen
(Date received local registrar) (Registrar's signature)

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? 1941

23. Signature H. P. Dorough (M. D. or other) 0
Address Jackson Mo Date signed 2-27-41
While at work? _____ (Specify type of place) (e) Means of injury _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.