

APR 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10322

Registration District No. 156  
154

Primary Registration District No. 4088-4090

Registrar's No.

1. PLACE OF DEATH:

(a) County. Cass  
(b) City or town. Harrisonville, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
West Mechanic St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 50 years  
years, months or days)

8. (a) PRINT FULL NAME Edgar Manring Leslie

8. (b) If veteran, name war none 8. (c) Social Security No. none

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

6. (b) Name of husband or wife Alice Flora (Barlow) Leslie age of husband or wife if alive 70 years

7. Birth date of deceased Feb. 25, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 13 hr. min.

9. Birthplace Centerville, Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John W. Leslie

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

14. Maiden name Nancy A. Downing

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

16. (a) Informant Mrs. Alice F. Leslie

(b) Address Garden City, Missouri

17. (a) Burial (b) Date thereof March 20, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cemetery

18. (a) Signature of funeral director Ruth Halffman

(b) Address Garden City, Missouri

19. (a) Apr 15 1941 (b) Edgar Manring Leslie  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass  
(c) City or town Garden City  
(If outside city or town limits, write "RURAL")  
(d) Street No. Missouri  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1941 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Jan 1 -  
1940 to Mar 19 41

that I last saw him alive on 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Permeous Anemia 4 yrs

Due to chr myocarditis 2 yrs

Due to

Other conditions (Include pregnancy within 3 months of death) PTA

Major findings: Of operations  
Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

147 While at work? no (Specify type of place) (a) Means of injury

23. Signature Edgar Manring Leslie (M. D. or other)  
Address Garden City MO Date Mar 17 41

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

9  
1  
0

**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.....

*Ruth Kaufman*

Licensed Embalmer No. 4001

P. O. Address Garden City, 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, above space should be left blank.**