

85

5127

State File No. _____
Registrar's No. 456

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Washington Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution R. R. # 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 22 years
years, months or days

3. (a) PRINT FULL NAME Robert I. Leonard

3. (b) If veteran, name war None

3. (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 Lena Leonard

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased November 1876
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 0
If less than one day hr. min.

9. Birthplace Bedford Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Matthew Leonard

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

14. Maiden name Margaret Johns

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

16. (a) Informant W. H. Leonard

(b) Address R. R. # 3, St. Joseph, Mo.

17. (a) Burial (b) Date thereof April 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bedford, Iowa

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave.

19. (a) April 25, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Rural Washington
(If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 5 St. Joseph
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1941 hour 3 minute 10 a. M.

21. I hereby certify that I attended the deceased from April 22
1941 to April 24 1941
that I last saw him alive on April 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
 ① Cardiac decompensation
(arteriosclerotic heart disease)
 ② Diabetes mellitus
 Duration about a week
 ?

Due to _____
 Other conditions 61
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? 8-5 (Specify type of place)
 (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
 Address [Address] Date signed 4-25-41

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

MOTHER FATHER

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, ~~on~~ 4/24/41

....., Registered Apprentice No.
working under my personal supervision.

Signed

Earn A Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph

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.