

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14838

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper, Carthage

(c) Name of hospital or institution: Via Ambulance to Carthage, Mo.

(d) Length of stay: In hospital or institution 35 yrs

In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper, Carthage

(d) Street No. 215 E 4th

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME: Ulysses Hendrickson Leake

3. (b) If veteran, name war

3. (c) Social Security No. 486-03-3997

4. Sex Male () race White

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased October 24, 1905

8. AGE: Years 35 Months 6 Days 6

If less than one day hr. min.

9. Birthplace Webb City, Mo

10. Usual occupation Sign Painter

11. Industry or business

MOTHER FATHER

12. Name Archie B. Leake

13. Birthplace Hannibal, Mo

14. Maiden name Virginia Ruby

15. Birthplace Jasper, Mo

16. (a) Informant Mrs. C. O. Williams

(b) Address 400 W 6th

17. (a) Burial (b) Date thereof May 1, 1941

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Thomhill Dillen, Mort

(b) Address Joplin, Mo. Don Tetrad

19. (a) Date received local registrar Apr 30, 1941 (b) Registrar's signature E. J. McEntire, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 29 year 1941 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him on Oct 26 and that death occurred on the date and hour stated above.

Immediate cause of death: Internal hemorrhage, broken neck, broken left femur

Due to: femur

Due to: Auto accident

Other conditions: Alcohol intoxication

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) Accident

(b) Date of occurrence Apr 29, 41

(c) Where did injury occur? Jasper, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Federal highway #71

(e) Means of injury: Auto accident

23. Signature: R. A. Aronson (M. D. or other) Date signed Apr 30, 1941

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

41-5-983

170c6

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Dr. Emory J. McArthur

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: *Don Petrick*

Licensed Embalmer No. *4008*

P. O. Address *Joplin, 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.

