

FILED MAY 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15464

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 136

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
512 East 5th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. 512 East 5th
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Harvey Leslie

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 Mrs. Reva Leslie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: January 9, 1855
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Justice of Peace

11. Industry or business _____

12. Name John Leslie

13. Birthplace Cole County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Reva Leslie (wife)

(b) Address 512 East 5th, Sedalia, Mo.

17. (a) Burial (b) Date thereof April 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Enloe Cemetery near Russellville, Mo.

18. (a) Signature of funeral director James G. Gering

(b) Address Sedalia, Mo.

19. (a) 4/22/41 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1941 hour 8 minute _____ P.M.

21. I hereby certify that I attended the deceased from 3-28-1941 to 4-21-1941; that I last saw him alive on 4-21-1941 and that death occurred on the date and hour stated above.

Immediate cause of death Emphysema stomach ulcer

Due to _____

Due to 117W

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

Major findings:
Of operations _____
Of autopsy no

Duration _____

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? no

While at work? _____ (Specify type of place)

23. Signature Edward G. Mowbray (M. D. or other) no

Address 116 W 4th Sedalia Mo Date signed 4-22-41

Monroe

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed *3-19-44*

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 *John E. Myers*
Licensed Embalmer No. *3220*
P. O. Address *Lebanon, 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.