

FILED OCT 6 1941
Registration District No. _____

Primary Registration District No. 3021

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jasper Christian Hospital
(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)

3. (a) PRINT FULL NAME Henry W. Leatherwood

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-10-9047

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

6. (b) Name of husband or wife Etta Leatherwood 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Feb 20 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Stillwell, Okla
(City, town, or county) (State or foreign country)

10. Usual occupation miner

11. Industry or business _____

12. Name George Leatherwood

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

14. Maiden name Edith Nankin

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

16. (a) Informant Etta Leatherwood

(b) Address Parselle, Mo

17. (a) Burial (b) Date thereof Sept 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director Watt City Burial Co.

(b) Address Watt City, Mo

19. (a) SEPT. 12. 41 (b) D. L. Bickelmaier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Parselle
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1941 hour 7 minute _____ A.M.

21. I hereby certify that I attended the deceased from 8-22-41 to 9-10 1941; that I last saw him alive on 9-10 1941; and that death occurred on the date and hour stated above.

Immediate cause of death hemiplegia, left circulatory collapse and pulmonary edema 2 days

Due to intracranial tumor? transitory neurological findings 20 days

Due to meningitis

Other conditions (include pregnancy within 3 months of death) 57d

Major findings: Of operations Encapsulated tumor of right cerebellum 2 necrosis of brain laterally & superiorly

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? _____ (Specify type of place) (b) Means of injury _____

23. Signature D. L. Bickelmaier (M. D. number) 0

Address Watt City, Mo Date signed 9-11-41

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

49
1
2

R.P.

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 myself

....., Registered Apprentice No.

working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb 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, fact should be so stated above.