

Registration District No. 413

Primary Registration District No. 5552.C.

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jasper Co. T.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 130 No Liberty 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George E. Leonard

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1941 hour 6 minute 75 a.m.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dora LEONARD.

6. (c) Age of husband or wife if alive NO DATA. years

7. Birth date of deceased: Sept 11 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 22 1941 to Oct 29 1941
that I last saw him alive on Oct 28 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 1 Days 18
If less than one day hr. _____ min. _____

Immediate cause of death: Tuberculosis

Due to Siles - Tuberculosis

9. Birthplace Jackson Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer - Miner

Due to _____

Other conditions 138
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name George E. Leonard

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

14. Maiden name Portkey Shilton

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

Major findings: 138
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Records

(b) Address _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof OCT. 29; 41
(Month) (Day) (Year)

(c) Place: burial or cremation MIAMI; OKLA

(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? _____

18. (a) Signature of funeral director [Signature]

(b) Address _____

19. (a) OCT 29; 41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature George E. Sanglar (M. D. certified)
Address West City Mo Date signed 10/29/41

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

19
0
0

P

577

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 A. Summit*
.....
Licensed Embalmer No. *820*
P. O. Address *.....*

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.