

FILED JAN 21 1942

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 130

1. PLACE OF DEATH: NEWTON
 (a) County NEWTON
 (b) City or town NEOSHO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: SALE - BOWMAN HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 DAYS
 (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME HARRY LEATHERS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT 1868
 (Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name W.B. LEATHERS

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

14. Maiden name ANNA GARDEN

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

16. (a) Informant's name W. B. Leathers

(b) Address DIAMOND MISSOURI

17. (a) REMOVAL (b) Date thereof DEC 9 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DIAMOND MO

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

(b) Address NEOSHO

19. (a) DEC 9 1941 (b) Anna R. Salomide
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County NEWTON
 (c) City or town DIAMOND
 (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 DEC day 7
 year 1941 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 12/4/41
 _____, 19____, to 12/7/41, 19____
 that I last saw him alive on 12/7/41
 and that death occurred on the date and hour stated above.

Immediate cause of death Left heart failure
 Duration 1 day

Due to Chronic structural nephritis with arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 5 months of death) 13 lb

Major findings: Of operations None

Of autopsy No

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

(a) Accident, suicide, or homicide (specify) None

(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) (e) Means of injury _____

23. Signature Unreadable (M. D. or other) _____

Address Neosho Mo Date signed 12-7

PHYSICIAN

 Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
 11 X1951

RECEIVED

District Health Officer No. 6,

District File Number 142-120

Date Filed JAN 13 1942

DEC 14 1953

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 Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Neosho 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, above space should be left blank.