

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED FEB 18 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2051

Registration District No. 204

Primary Registration District No. 30-13-2013

Registrar's No. 2

1. PLACE OF DEATH
(a) County Clinton, Clinton
(b) City or town Cameron
(c) Name of hospital or institution: 402 West Prospect St.
(d) Length of stay: In hospital or institution All of life time
In this community All of life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Clinton
(c) City or town Cameron
(d) Street No. 402 West Prospect St.
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME James Albert Leach.

20. DATE OF DEATH: Month Jan. day 12th. year 1942 hour 7:15 P.M. minute M.

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

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race W. 6. (a) Single, widowed, divorced, widowed

6. (b) Name of husband or wife Carrie Leach 6. (c) Age of husband or wife if alive years 9 1868

Immediate cause of death Diabeta Mellitus Diabeta Coma

7. Birth date of deceased. (Month) Jan. (Day) 9 (Year) 1868

8. AGE: Years 74 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Day Laborer

Other conditions Cerebral Hemorrhage

11. Industry or business

12. Name Noah I Leach.

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

14. Maiden name Mary Ellen Stokes

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

16. (a) Informant Wayne R. Leach (b) Address Cameron Mo. 402 W. Prospect

17. (a) Burial (b) Date thereof 1-14-42 (c) Place: burial or cremation McDaniel Cemetery Poland Funeral Home

18. (a) Signature of funeral director (b) Address Cameron

19. (a) Jan. 14-1942 (b) Mrs. Kathleen Harco (Date received local registrar) (Registrar's signature)

Major findings: Of operations 61 Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(e) Means of injury
23. Signature J. Dennis (M. D. or other) Address Cameron Mo. Date signed Jan 14 1942

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

MOTHER FATHER

1086

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Gerald T. Wade*.....

Licensed Embalmer No. *4172*.....

P. O. Address *Cameron, 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.