. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1943

Registration District No. 7923

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6018A

State File No. 7726

Registrar's No. 1

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

94
0
6

1. PLACE OF DEATH:

(a) County: St. Francois

(b) City or town: Rural St Francois Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 mos. 25 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jefferson 94

(c) City or town: DeSoto 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 14 Stewart Street
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME: HENRY LEAS

3. (b) If veteran, name war: Unknown

3. (c) Social Security No.: Unknown

4. Sex: M

5. Color or race:

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Tildo

6. (c) Age of husband or wife if alive: Unknown years

7. Birth date of deceased: Sept. (Month) 18th (Day) 1858 (Year) Known

8. AGE: Years 83 Months 3 Days 14 If less than one day hr. min.

9. Birthplace: ✓ (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER

12. Name: Henry Leas

13. Birthplace: ✓ (City, town, or county) Germany (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: ✓ (City, town, or county) Germany (State or foreign country)

16. (a) Informant: State Hospital No. 4 Records

(b) Address: Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-3-43 (Month) (Day) (Year)

(c) Place: burial or cremation: DeSoto, Mo.

18. (a) Signature of funeral director: Mothershead

(b) Address: DeSoto, Mo.

19. (a) 1-1-43 (Date received local registrar) (b) T. J. Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st year 1942 hour 8 minute 22 A.M.

21. I hereby certify that I attended the deceased from 5-5-41, 19..., to 1-1-42, 19...; that I last saw him alive on 12-31-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: SENILE PSYCHOSIS — Duration: Aug. '40

Due to: Terminal apoplexy (2 during past 3 days). — last-day of death

Due to:

Other conditions (Include pregnancy within 3 months of death): $30

Major findings: No operations

Of operations:

No autopsy

Of autopsy:

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): NO

(b) Date of occurrence: NO

(c) Where did injury occur? NO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO (Specify type of place)

While at work? NO (e) Means of injury: NONE

23. Signature: L. TIVIS GRAVES, JR. (M. D. or other) M.D.

Address: Farmington, Mo. Date signed: 1/2/42

047 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 242-193
Date Filed 2-11-42

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 Lee Mothershead By B. Tan

Licensed Embalmer No. 3531

P. O. Address De Soto, 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.