. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11173

Registration District No. 467 Primary Registration District No. 5629 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Rural Aurora Twnship
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 1 Aurora Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 055
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Leitle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Katherine Leitle
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 2 (Day) 1854 (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	11	5	hr. min.

9. Birthplace ? (City, town, or county) Bohemia X (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name M Leitle
13. Birthplace ? (City, town, or county) Bohemia X (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace ? (City, town, or county) Bohemia X (State or foreign country)
16. (a) Informant Anna Leitle
(b) Address Aurora Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Aurora Mo.
18. (a) Signature of funeral director J. F. King.
(b) Address Aurora Mo.
19. (a) 3-8-1942 (Date received local registrar) (b) Eunice Greene by A. McDep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1942 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from Mar 2, 1942, to March 7, 1942
that I last saw him alive on Mar 2, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

162 f

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. F. Herron (M. D. or other) MD
Address Aurora, Mo Date signed Mar 7 42

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-538
Date Filed APR 15 1942

FEB 13 1958

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.