S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4363

State File No. 11468

Registrar's No. 43

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

73
3
2

1. PLACE OF DEATH:

(a) County NEWTON

(b) City or town NEOSHO Tun
(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 21 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO 073
(If outside city or town limits, write "RURAL")

(d) Street No. 518 N. COLLEGE ST
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME A. LEO LECKIE

3. (b) If veteran, name war

3. (c) Social Security No. CIVIL SERVICE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife ALMA LECKIE

6. (c) Age of ~~husband~~ or wife if alive 57 years

7. Birth date of deceased OCT (Month) 15 (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	5	14	hr. min.

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

10. Usual occupation RAILWAY MAIL CLERK

11. Industry or business

FATHER
12. Name WILLIAM LECKIE
13. Birthplace (City, town, or county) VIRGINIA (State or foreign country)

MOTHER
14. Maiden name LAURA CAMPBELL
15. Birthplace (City, town, or county) ARKANSAS (State or foreign country)

16. (a) Informant Alma Leckie
(b) Address NEOSHO MISSOURI

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Mch 31 1942 (Month) (Day) (Year)
(c) Place: burial or cremation MONETT, MO

18. (a) Signature of funeral director [signature]
(b) Address NEOSHO MISSOURI

19. (a) 3-30-1942 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MCH day 29 year 1941 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept. 14, 1941 to Mrch 29, 1942 that I last saw him alive on March 29, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic pneumonia

Due to Arteriosclorosis, Hypertension, apoplexy, left side.

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

Duration

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 [signature] (M. D. or other) MD

Address NEOSHO MISSOURI Date signed 3/29/42

1110

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1942 RECEIVED
District Health Officer No. 6,
District File Number 442-563
Date Filed APR 16 1942

APR 22 1942

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 Slone Jr.

Licensed Embalmer No. H 176

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, fact should be so stated above.