

Registration District No. 417 Primary Registration District No. 5559c

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

(c) Name of hospital or institution: Jasper Co. TBC Hospital

(d) Length of stay: In hospital or institution 1 mo

In this community 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper

(d) Street No. 101 1/2 Main

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Thomas E. Leakey

3. (b) If veteran, No

3. (c) Social Security No.

4. Sex M

5. Color of race W

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

6. (b) Name of husband or wife Goldie

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

7. Birth date of deceased Nov 19th 1882

8. AGE: Years 59 Months 4 Days 16

9. Birthplace Lamar Missouri

10. Usual occupation Mining

11. Industry or business Same

MOTHER FATHER

12. Name Thomas James Leakey

13. Birthplace Jasper co. Mo

14. Maiden name Margaret Neil

15. Birthplace England

16. (a) Informant Mrs. A. L. Thomas

(b) Address Miami Arizona

17. (a) Burial (b) Date thereof April 6th 1942

(c) Place: burial or cremation Fairview cemetery.

18. (a) Signature of funeral director

(b) Address

19. (a) Date received local registrar April 6, 1942 (b) Registrar's signature Mrs. Lillie Eagle

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4

Year 1942 hour 12 minute 40 a. M.

21. I hereby certify that I attended the deceased from March 7 to April 4

that I last saw him alive on April 3

Immediate cause of death Tuberculosis

Due to Pulm. Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? (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 Miss E. Deaton (M. D. or other)

Address 2nd City Mo Date signed 4/11/42

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 *Raymond A. Kurland*

Licensed Embalmer No. *95-9*

P. O. Address *Jasper, 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.