

FILED DEC 12 1942

Registration District No. 210

Primary Registration District No. 5776

Registrar's No. 80

65  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Mercer

(b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

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

In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

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

(d) Street No. So. West of Princeton, Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Peter Leap

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

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1942 hour 6 minute 0.5 A.M.

4. Sex Male

5. Color or Face White

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

6. (b) Name of husband or wife Martha Leap

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Feb. 22 1855  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 1, 1942 to Nov 11, 1942 that I last saw him alive on Nov. 10, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

87 8 24 hr. min.

Immediate cause of death chronic interstitial nephritis and arterio-sclerosis of a few years duration

Due to duration

9. Birthplace Fayette Ind.  
(City, town, or county) (State or foreign country)

Due to .....

Other conditions (Include pregnancy within 3 months of death) 13/a

10. Usual occupation Farmer

Major findings: Of operations .....

11. Industry or business .....

Of autopsy .....

12. Name David Leap

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

14. Maiden name Sarah Mullin

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

16. (a) Informant Mrs. Elmer Wickizer

(b) Address Mill Grove, Mo.

17. (a) Burial (b) Date thereof Nov. 16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell

18. (a) Signature of funeral director Walter Samuel Home

(b) Address Princeton, Mo.

19. (a) Nov. 17, 42 (b) Jessie Alley  
(Date received local registrar) (Registrar's signature)

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 D

23. Signature Walter Samuel Home (M. D. or other)

Address Princeton Mo Date signed 11-16-42

**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.....

*H. Ivan Martin*

Licensed Embalmer No. ....

*3760*

P. O. Address.....

*Campton, 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.**