V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41308

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 270.

1. PLACE OF DEATH:
(a) County Marion.
(b) City or town Hannibal, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County ~~Marion.~~ Ralls 87
(c) City or town ~~Hannibal, Missouri.~~ PERRY 0
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Levering Hospital.~~ R.F.D. #3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Fred ~~J~~ L, McLeod.
3. (b) If veteran, name war
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Widowed. 2
6. (b) Name of husband or wife Nora Spotts McLeod.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 9, 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 22 If less than one day hr. min.

9. Birthplace New York (City, town, or county) New York. 1 (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business Farm.
FATHER
12. Name Unknown.
13. Birthplace New York. (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Unknown.
15. Birthplace Unknown. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Harry Ruffing
(b) Address Frankford, Missouri.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Cemetery.
18. (a) Signature of funeral director Clyde W. Wiley
(b) Address Perry, Missouri.
19. (a) 11/2/42 (Date received local registrar) (b) R. W. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st. year 1942 hour 12:30 minute P.M.
21. I hereby certify that I attended the deceased from 11-1-42, 1942 to 11-1, 1942 that I last saw him alive on 11-1, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral concussion - Fracture of skull -	18 hrs
Due to: Fracture of ribs - Extreme exposure	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) Accident 087
(b) Date of occurrence 10-31-42
(c) Where did injury occur? #3 Perry (City or town) Ralls (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm (Specify type of place)
While at work? Yes (e) Means of injury Concrete flow collapsed
23. Signature Gerard Judwick M. D. or ~~XXXXX~~
Address Hannibal, Mo. Date signed 11-2-42

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(Licensed Embalmer's Statement on Reverse Side)

Hannibal, Missouri.
November 2nd , 1942.

This is to certify that I, C.R. Armstrong Acting Coroner, Marion County, Missouri did on the 1st day of November 1942 view the dead body of Frederick Lawrence McLeod at Levering Hospital, Hannibal Missouri, and, after ascertaining the facts of cause of death deem an inquest unnecessary.

C.R. Armstrong
Acting Coroner, Marion County, Mo.

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: Clyde W. Wilkey
Licensed Embalmer No. 3820
P. O. Address: Perry 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.