

FILED MAY 13 1943

Primary Registration District No. 1000

Registrar's No. 530

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

1. PLACE OF DEATH:

(a) County Buffington

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

(c) Name of hospital or institution: St. Joseph's Hospital  
(If not hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 1 Week  
(Specify whether)

In this community 1 Year  
(Month) (Year)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEONARD KENT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 712-12-4884

4. Sex male 5. Color or race w

6. (a) Single, widowed, married divorced

6. (b) Name of husband or wife Emmie Kent 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased June 6 1912  
(Month) (Day) (Year)

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

30 11 5 hr. min.

9. Birthplace Plattsburg Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name John H. Kent

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

14. Maiden name Della Gardner

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

16. (a) Informant Mr. Emmie Kent

(b) Address Plattsburg Mo

17. (a) Burial (b) Date thereof 5-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg

18. (a) Signature of funeral director J. B. Ryan

(b) Address Plattsburg Mo

19. (a) 5-10-43 (b) Roe Bakergoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1943 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from on May 11<sup>th</sup> 1943 to \_\_\_\_\_ 19\_\_\_\_; that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Trauma to left chest  
Rupture of left lung.  
Due to Internal hemorrhage  
Fatal shock.

Other conditions Man was fatally injured when he was caught between two trucks. He was unhooking a chain which had been towing his truck, when the back truck rolled over him.

Major findings: Of operations: two trucks. He was unhooking a chain which had been towing his truck, when the back truck rolled over him.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 025

(b) Date of occurrence May 11 1943

(c) Where did injury occur? Plattsburg Clinton Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Broadway Street in Plattsburg  
(Specify type of place)

While at work? yes (e) Means of injury Truck

23. Signature J. Mundy (M. D. or other) Carover  
Address 404 So 3 d street Date signed 5/11/43

**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.....

*Samuel H. Lynn*

Licensed Embalmer No.....

*3640*

P. O. Address.....

*Plattsburg 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.**