

Registration District No. 7 JUN 10 1943

Primary Registration District No. 4320

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra Mo.
(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 No. (Specify whether)

In this community Life Time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alonzo White Leake

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie M. Leake

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

7. Birth date of deceased Aug. 12-1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>9</u>	<u>5</u>	hr. min.

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

10. Usual occupation Retired Farm Laborer

11. Industry or business

12. Name Samuel E. Leake

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

14. Maiden name Mary Fagan

15. Birthplace Marion Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie M. Leake

(b) Address Palmyra Mo.

17. (a) Emmerson Mo. (Burial, cremation, or removal)

(b) Date thereof 5/19/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Emmerson Cemetary

18. (a) Signature of funeral director A. M. Sprague

(b) Address Palmyra Mo.

19. (a) 5/18/43 (Date received local registrar)

Mrs Margaret Monday (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. XXXXXXXXXXXXXXXXXXXX
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1940 to May 16, 1943
that I last saw him alive on May 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia terminal
Arterio sclerotic heart disease, Yrs.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92d

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 A. B. Mars (M. D. or other)

Address Palmyra Mo Date signed 5/22/43

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 *A. J. Sprague*.....

Licensed Embalmer No. *999*.....

P. O. Address *Palmyra 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.