DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18777

State File No.

FILED JUN 11 1943

Local Registration District No. 2-93

Primary Registration District No. 6005

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: Ralls.

(b) City or town: New London, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D. NewLondon, Mo. / Spared Jump
(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: 3 Months.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Ralls,

(c) City or town: Perry, Missouri.
(If outside city or town limits, write "RURAL")

(d) Street No.: Perry, Missouri.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: John Anderson Leake.

3. (b) If veteran, name war:

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Frances Leake

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

7. Birth date of deceased: July 21, 1855. (Month) (Day) (Year)

8. AGE: Years 88 | Months 2 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace: Ralls County, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation: Farmer.

11. Industry or business: Farm.

FATHER
12. Name: John S. Leake.
13. Birthplace: Ralls County, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name: Ann E. Yancey.
15. Birthplace: Ralls County, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant: Mrs Wm Leonard
(b) Address: Perry, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 17, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: St Paul Cemetery.

18. (a) Signature of funeral director: Clyde Wilson
(b) Address: Perry, Missouri.

19. (a) 5-16-43 (Date received local registrar) (b) R.A. Bishop (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 15th, year 1943 hour 8:00 minute A.M.

21. I hereby certify that I attended the deceased from ~~May 13~~ May 13, 1943 to May 18, 1943 that I last saw him alive on May 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Anemia — Duration

Due to: Myocarditis and Arteriosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death): Arterial hypertension

Major findings:
Of operations: No operation
Of autopsy: None

Thos. A. Moore M.D.

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): None
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: Thos. A. Moore (M. D. or other)
Address: New London, Mo. Date signed:

1171

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1041
Date Filed JUN 9 1943

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~~ Clyde Wilkey, Registered Apprentice No. ....., working under my personal supervision.

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry Iowa

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.

No. 2B
—5-43
I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 293 Primary Registration District No. 6005 Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Perry
(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 John Anderson Leake

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 21 (Day) 1850 (Year)

8. AGE: Years 88 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 25 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Myocarditis and nephritis chronic

Due to Not known

Other conditions Arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations No 131 b

Of autopsy No

Duration

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)

(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

Thos R Moore
New London