

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24400

State File No. \_\_\_\_\_

Registrar's No. 774

FD JUL 23 1943  
Registration District No. 2

Primary Registration District No. 000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph

(c) Name of hospital or institution:  
1903 Washington Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether years, months or days)

In this community 20 year s (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1903 Washington Avenue  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Leslie Milton Larrison

3. (b) If veteran, name war World War I

3. (c) Social Security No. 491-00-8005

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Della Marie Larrison

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

7. Birth date of deceased: August 5 1900  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>9</u>	<u>2</u>	hr. min.

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

10. Usual occupation Brewery Worker

11. Industry or business Goetz Brewing Co. Unknown

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Harold Water (daughter)

(b) Address 1928 1/2 St. Joseph Ave. St. Joseph, Mo.

17. (a) Burial Memorial Park Cemetery

(b) Date thereof 7/9/1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Thaler Meierhoffer

(b) Address 13th. & Faraon St. St. Joseph, Mo.

19. (a) 7-9-43 (b) Rose Hezog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th. year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from on July 7th, 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 Sun shot wound of the head Duration 1 day

Due to Man shot himself in the left side of his face and head, tearing away the parietal wall of the

Other conditions head injury, with loss of brain substance, and  
(Include pregnancy within 3 months of death)

Major findings: fatal hemorrhage  
Of operations: 12 gauge shot gun,  
Of autopsy: NO

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) suicide

(b) Date of occurrence July 7 - 1943

(c) Where did injury occur? St. Joseph, Mo.  
(City & town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the home

While at work? no (Specify type of place) (e) Means of injury Shot gun

23. Signature H. F. Mundy (M. D. or other) Caboner

Address 104 So 2d St. St. Joseph, Mo. Date signed 7-8-43

1225 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

OCT 22 1945

JUL 28 1943

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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 *Albert R. Harrington*

Licensed Embalmer No 3258 Missouri.....

P. O. Address *St. Joseph, Missouri.*

**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.**