

FILED AUG 9 1943

Registration District No. 33

Primary Registration District No. 3011

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
209 E. Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: Several years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Curtis Leist

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 Widowed  
6. (b) Name of husband or wife Minnie Leist 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 2 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name James Leist  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Priscilla Conrad  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leslie Goodson  
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Stanley  
(b) Address Carrollton Mo

19. (a) 7-10-43 (b) Mrs. James R. Kelly  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10  
year 1943 hour 37 minute 15 A. M.

21. I hereby certify that I attended the deceased from 6-25-43  
19 43 to 7-10 19 43

that I last saw him alive on 7-10 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration ?

Due to \_\_\_\_\_  
Due to 94A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

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 W.G. Alwood (M.D. or other) \_\_\_\_\_  
Address Carrollton Mo Date signed 7/10/43

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-6-43

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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

*Bert Gibson*

Licensed Embalmer No.

2961

P. O. Address

*Carrollton, 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.