

Registration District No. 38

Primary Registration District No. 3006-15520

1. PLACE OF DEATH:

(a) County Boggs
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Loch Leonard

3. (b) If veteran, name war _____ (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Albert H. Leonard 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 26 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 29 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Miller
13. Birthplace Ohio
(City, town, or county, State or foreign country)
14. Maiden name Elizabeth Morgan
15. Birthplace Virginia
(City, town, or county, State or foreign country)

16. (a) Informant Ch. (Loch) Leonard
(b) Address Rich Hill, Mo.
17. (a) Removal (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rich Hill, MO.

18. (a) Signature of funeral director R. O. Willett
(b) Address Columbia, Mo.
19. (a) 10-25-43 (b) E. F. S. Cahen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rich Hill
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25,
year 1943 hour 1:00 minute 25 A.M.
21. I hereby certify that I attended the deceased from September 23rd, 1943, to October 25, 1943;
that I last saw him alive on October 25, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death pyelonephritis
Due to sepsis, low kidney function
Due to _____

Other conditions Cancer of breast, nod metastating 4 weeks before
Major findings: Cancer of breast
Of operations _____
Of autopsy as above

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. Y. Comer Jr. (M. D. or other) _____
Address E. F. S. Cahen Hosp. Date signed 10/25/43

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

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

R. B. Willett

Licensed Embalmer No. *3183*

P. O. Address.....

Columbia, Md.

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.