

FILED JAN 11 1943

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town SPRINGFIELD
(c) Name of hospital or institution:
315 South Florence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 years
In this community 22 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 315 S. Florence
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME James Cordell Leslie

3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Caroline L. Leslie 6. (c) Age of husband or wife if alive unk. years
7. Birth date of deceased April 9 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 17 If less than one day
hr. min.

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

10. Usual occupation Retired assessor

11. Industry or business

MOTHER FATHER
12. Name William Carroll Leslie
13. Birthplace Russellville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Banister
15. Birthplace Reynolds Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Loraine L. Robertson
(b) Address 100 Mayfield Kentucky

17. (a) BURIAL (burial, cremation, or removal) (b) Date thereof Dec 30 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Woods Park

18. (a) Signature of funeral director Fred C. [unclear]
(b) Address 1100 [unclear] Springfield, Mo.

19. (a) 12-27-43 (Date received local registrar) (b) [unclear] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1943 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-24 1942 to 12-26- 1943
that I last saw him alive on 12/26/ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Duration 3 days

Due to _____
Due to _____
Other conditions Senility
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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) _____
(e) Means of injury _____
23. Signature [unclear] (M. D. or other) _____
Address Springfield, Mo. Date signed 12/27/43

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

FEB 25 1948

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 *Fred C. Thorne*

Licensed Embalmer No. *2899*

P. O. Address *Springfield, 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.

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