

FILED JAN 12 1943
Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McFarland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution five weeks
(Specify whether years, months or days) X

3. (a) PRINT FULL NAME William L Leonard

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

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Mamma Beagon
6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb 15 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 9
If less than one day hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER {
12. Name Robert A Leonard
13. Birthplace Dent Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Mary McCoytarn
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant W L Leonard

(b) Address Salem Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation Cedar Grove Cem

18. (a) Signature of funeral director [Signature]

(b) Address Salem Mo

19. (a) 12-1-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1943 hour 8 minute 45 Am M.

21. I hereby certify that I attended the deceased from five weeks
to 11-24-1943, 19____, to _____, 19____;

that I last saw him alive on Nov. 24, 1943, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arthritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) [Signature]

Major findings: Of operations _____

Of autopsy _____

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 work) _____ (c) Means of Injury _____

23. Signature [Signature] (M.D. or other) _____

Address [Address] Date signed 11-25 1943

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed: *Carl H. Jensen*

Licensed Embalmer No. *19370*

P. O. Address: *Saline 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.