No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3551

Registration District No. 209 — Primary Registration District No. 3043 — Registrar's No. 28

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Livering hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 2009 Irwin St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME Charles Phillip Leonard

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary C. Leonard

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

7. Birth date of deceased January (Month) 7 (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	0	0	— hr. — min.

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

10. Usual occupation Retired

11. Industry or business Grocer

FATHER
12. Name unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) 7 (State or foreign country)

16. (a) Informant Joseph R. Leonard
(b) Address 2009 Irwin, Hannibal Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 9, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic Cemetery Palmyra

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Bdway, Hannibal Mo.

19. (a) 1-17-44 (Date received local registrar) (b) R. N. Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1944 hour 7 minute — A. M.

21. I hereby certify that I attended the deceased from Jan 1 1944 to Jan 7 1944
that I last saw him alive on Jan 7 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to

Due to

Other conditions senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(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)

While at work (e) Means of injury

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

Address 100 Bdy Hannibal Mo Date signed 1/11/44

1141 (Licensed Embalmer's Statement on Reverse Side)

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 Roy P. Schwartz

Licensed Embalmer No. 1965

P. O. Address 100 Bldg., Hannibal, 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.