

FILED MAY 9 1944

Registration District No. 91944

Primary Registration District No. 4183

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 weeks years, months or days

3. (a) PRINT FULL NAME JAMES MARTIN LEISSEING

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Apr. 12 1944
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
12. Name Anthony Leisseing
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ann Marie Baker
15. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anthony Leisseing
(b) Address Pacific Mo.

17. (a) burial (b) Date thereof Apr. 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacific Mo.

18. (a) Signature of funeral director J. D. Shick
(b) Address Pacific Mo.

19. (a) Apr. 29 1944 (b) Oliver C. Fletcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin
(c) City or town Pacific
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 28
year 1944 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 5 P.M. Apr. 28 1944 to 9:15 P.M. Apr. 29 1944
that I last saw him alive on April 28th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro-Enteric infection
Duration 24 hours

Due to ✓

Due to ✓

Other conditions ✓ (Include pregnancy within 3 months of death) 1190

Major findings: ✓

Of operations ✓

Of autopsy ✓

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? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

28. Signature Henry E. Bartholomew (M. D. or other)

Address Pacific Mo. Date signed 4-29-44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I 1031

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-8-44.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.