

FILED MAY 10 1944

Registration District No. 25-286

Primary Registration District No. 4424

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pack  
(b) City or town Humansville  
(If outside city or town limits, write "RURAL" and name of township)  
(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 8 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ELMON L. 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 Married

6. (b) Name of husband or wife Marion 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 8 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 0 Days 11 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer (retired)

11. Industry or business \_\_\_\_\_

12. Name Thomas Leonard

13. Birthplace unknown Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant T. L. Leonard  
(b) Address Republic, Missouri

17. (a) Burial (b) Date thereof Mar. 21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood

18. (a) Signature of funeral director W. H. Summ

(b) Address Humansville, Mo.

19. (a) Mar. 19 44 (b) Ora M. Rich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pack  
(c) City or town Humansville  
(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 Mar day 19  
year 1944 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from March 19, 1944, to March 19, 1944;  
that I last saw him alive on March 19, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Coronary Artery 2 hrs  
Due to Sclerosis of Coronary Arteries

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 942

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 \_\_\_\_\_

23. Signature O. E. Wetzel (M.D. or other) O. O.  
Address Humansville, Mo. Date signed 3/20/44

MOTHER FATHER

WRITE PRINTED NAME OF DECEASED

1158

RECEIVED  
District Health Officer No. 7,  
District File Number 4-44-617  
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.....  
by me....., Registered Apprentice No.....  
working under my personal supervision.

Signed E. H. Pinner  
Licensed Embalmer No. 4282  
P. O. Address Sumnerville,

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.