V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 36717

FILED NOV 2 1944

Registration District No. 1/2

Primary Registration District No. 1000

Registrar's No. 1064

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: Missouri Ave. Railroad Crossing
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 1 year

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 202 E. Kansas Ave.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME Dora Mae Leabo

3. (b) If veteran, name war ____

3. (c) Social Security No. 495-26-3941

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jake Earnest Leabo

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec. 1, 1906 (Month) (Day) (Year)

8. AGE: Years 37 | Months 10 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Stonewall Okla. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Terminal Warehouses, Inc.

FATHER
12. Name H. S. Lamar
13. Birthplace Ray County Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bertha Smith
15. Birthplace Unknown West Virginia (City, town, or county) (State or foreign country)

16. (a) Informant J. E. Leabo
(b) Address 202 E. Kansas Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton, Mo.

18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 10-13-44 (Date received local registrar) (b) Glen J. Fickle (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct day 13th year 1944 hour 1 minute 55 A.M.

21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Oct 13th, 1944, to ____, 19____; that I last saw h. alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Basal Skull Fracture, Internal abdominal injuries

Due to Fracture of both legs and right thigh, Fracture of right arm.

Due to ____

Duration: 1 day

Other conditions (Include pregnancy within 3 months of death) Woman was instantly killed when struck on the Missouri Ave. Crossing by a passenger train.

Major findings: Of operation ____

Of autopsy no.

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) accident

(b) Date of occurrence Oct 13 - 1944

(c) Where did injury occur? St Joseph Buch. Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Missouri Ave. Crossing Public (Specify type of place)

While at work? no (e) Means of injury Train

23. Signature H. H. Mundy Coroner (M. D. or other)

Address 404 So 3d Date signed 10/13/44

1377

(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 10/13/44

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emma Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph 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.**