

34400

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 2 1944

Registration District No. _____

Primary Registration District No. 4240

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Springs
(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 25 yrs (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Blue Springs (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 _____

3. (a) PRINT FULL NAME Charles J. Leek

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary May 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased May 19 - 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Centerville Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Produce

12. Name A. Leek

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

14. Maiden name Lottie Leek

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

16. (a) Informant Mrs Mary Leek

(b) Address Blue Springs Mo

17. (a) Buried (b) Date thereof 10-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G.B. Webb
(b) Address Blue Springs Mo

19. (a) 10-17-44 (b) Mrs. John Lawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8
year 1944 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10 - 8 - 1944 to 10 - 8 - 1944
that I last saw him alive on 10 - 8 - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to 94a

Due to _____

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

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 place) (e) Means of injury _____

23. Signature J. E. Avey (M. D. or other) D.O.

Address Blue Springs, Mo. Date signed 10/9/44

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

MOTHER FATHER

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..... *R. B. Leub*.....
Licensed Embalmer No. *2353*
P. O. Address *Blue Springs 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.