

FILED MAY 5 1945
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **477**

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 Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days** (Specify whether
In this community **18 years** years, months or days)

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. **1205 North 13th. Street** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **S**

3. (a) PRINT FULL NAME **Joseph Edward Leonard**

3. (b) If veteran, name war **World War #1** 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 **Adelia Marie Leonard** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **May 26 1888**
(Month) (Day) (Year)

8. AGE: Years **57** Months **11** Days **0** If less than one day hr. min.

9. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

MOTHER FATHER
12. Name **John Leonard**
13. Birthplace **Unknown Michigan**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Lamb**
15. Birthplace **Unknown Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Adelia M. Leonard**
(b) Address **1205 No. 13th. St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **4/28/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**
(b) Address **1302 Faron St., St. Joseph, Missouri**

19. (a) **4/28/45** (b) **Edwin J. Pickel**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26th.**
year **1945** hour **12** minute **45** A. M.

21. I hereby certify that I attended the deceased from **Apr 19,**
19**45** to **Apr 26,** 19**45**.

that I last saw him alive on **Apr 25,** 19**45**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Embolism - congestive heart failure
Due to **Chronic myocardial hypertension**
Due to **5 yrs.**

Duration **1.0 hr. 6 da.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**
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 **1**

23. Signature **Walter Meierhoffer** (D. or other)
Address **1302 Faron St., St. Joseph, Mo.** Date signed **4/28/45**

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

1377

MAY 8 1945

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 *Albert C. Harrington*.....

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.