S. No. 2
M—2-43
y. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24784

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 124

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: Wabash Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. ..... (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Stafford Leeds

3. (b) If veteran, name war ✓

3. (c) Social Security No. 702-05-3462

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March (Month) 13th (Day) 1868 (Year)

8. AGE: Years 77 Months 3 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Rtd. Stationary Engineer

11. Industry or business Wabash R.R.

FATHER
12. Name Franklin Leeds
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Mary Sanders
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mary Lou Hill

(b) Address Moberly Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 29th 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 6/29/45 (Date received local registrar) (b) Irma Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th year 1945 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from 12-20-44, 19..., to 6-27-45, 19...; that I last saw him alive on 6-27-45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CARCOMA OF PROSTATE	15 YRS
Due to METASTASIS TO PELVIS BONES	4 YRS.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy NONE

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Erich F. Eberhardt Hans Sengler (M. D. or other)

Address Wabash Hospital Date signed 6/27/45

1086

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 10

District File Number 7-45-1082

Date Filed JUL 13 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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.