

FILED OCT 10 1945

Registration District No. 104

Primary Registration District No. 5597

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural Centerview Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #2, Centerview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural Centerview
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2, Centerview.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME WILLIAM ALLEN LEARY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Flore Screechfield Leary 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased December 4, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 4 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Same

MOTHER FATHER { 12. Name Jacob Leary
13. Birthplace unk unknown Ohio
(City, town, or county) (State or foreign country)
unknown
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Marie A. Adair

(b) Address Route #2, Centerview, Mo.

17. (a) Burial (b) Date thereof Sept 11 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill, Wbg. Mo.

18. (c) Signature of funeral director Canada Ropp

(b) Address Holden, Missouri.

19. (a) Sept 10 1945 (b) Leola M Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1945 hour 8 minute 8 M.

21. I hereby certify that I attended the deceased from Sept 8
1945, to Sept 8 1945,
that I last saw him alive on 9-8-45, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 1/2 hr

Due to Coronary Arteriosclerosis ?

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 9/4
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 [Signature] (M. D. or other) MD
Address Warrensburg Mo Date signed 9-10-45

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

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..... *M. J. Canaday*

Licensed Embalmer No. *3434*

P. O. Address. *Balden, 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.