

FILED NOV 6 1945 **STANDARD CERTIFICATE OF DEATH**

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1131

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:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days
(Specify whether
In this community 48 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. 1211 No. 8th. St.
(If rural, give location) //
(e) Citizen of foreign country? No (Yes or No) //
If yes, name country _____

3. (a) PRINT FULL NAME William James Leonard

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. 491-09-7007

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May 3 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 15 hr. min.

9. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

10. Usual occupation Mailer

11. Industry or business News-Press

MOTHER FATHER { 12. Name James H. Leonard
13. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)
14. Maiden name May Baker
15. Birthplace Washington D. C.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dorothy Leonard
(b) Address 1211 No. 8th. St.
17. (a) Burial (b) Date thereof Oct. 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herbert J. Sedwader
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 10-24-45 (b) H. J. Nestor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1945 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from October 3
1945 to October 18 1945;
that I last saw him alive on October 18 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 1 month
Due to Pneumonia ?

Due to _____ ?
Other conditions Incisions of abdomen ?
(Include pregnancy within 3 months of death) Met. Ca of liver ?

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 _____ (c) Means of injury _____
23. Signature Frank H. Anderson (M. D. or other) _____
Address 620. Monroe Date signed 10/19/45

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

NOV 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 Elmer Thomas, Registered Apprentice No. _____, working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph M

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.