

FILED NOV 28 1945

Registration District No. 306

Primary Registration District No. 244 3056

Registrar's No. 180

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:  
512 W. McKinzie  
(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)

3. (a) PRINT FULL NAME Burtley Leedom

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, divorced, married  
6. (b) Name of husband or wife Christine 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
7. Birth date of deceased Sept. 15<sup>th</sup> 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name George Leedom

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

14. Maiden name Mary McKignoe

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

16. (a) Informant Mrs Christine Leedom

(b) Address Moberly, Mo

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

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahaw and Son  
(b) Address Moberly Mo

19. (a) Oct 1-45 (b) Seal Williams  
(Date received local registrar) (Registrar's signature)

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. 512 W. McKinzie  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26<sup>th</sup>  
year 1945 hour \_\_\_\_\_ minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Coroner's Case, 19\_\_\_\_

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural  
Undetermined

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations good

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 RH Williams (M. D. or other) \_\_\_\_\_  
Address Moberly Mo Date signed Aug 26 45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1601

(Licensed Embalmer's Statement on Reverse Side) Coroner, Randolph Co.

RECEIVED

District Health Officer No. 10

District File Number 11-45-1654

Date Filed NOV. 23. 1945

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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 B. G. 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.