DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40591

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1407

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: Sisters Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74

(c) City or town Guilford 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Frank Leader

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

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

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

7. Birth date of deceased January (Month) 20 (Day) 1859 (Year)

8. AGE: Years 86 Months 11 Days 6 If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name George Leader
13. Birthplace unknown (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Elvira Joslin
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Henry D. Leader
(b) Address Guilford, Mo.

17. (a) burial & Removal (Burial, cremation, or removal) (b) Date thereof 12/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Guilford, Mo.

18. (a) Signature of funeral director Walter Bethole & Bowman
(b) Address 319 South 10th

19. (a) Jan 2-1946 (Date received local registrar) (b) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1945 hour 12 minute 01P M.

21. I hereby certify that I attended the deceased from Jan 1/45 Dec 26, 1945 to , 19 ; that I last saw him alive on Dec 26/45, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia

Due to

Due to General debility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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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 0

23. Signature J. G. Thompson (M. D. or other)

Address 825 Charles Date signed 12/27/45

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(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

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

Dr. F. G. Thompson, Jr.

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 A. Bowma

Licensed Embalmer No. 1710

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.