

**FILED** JAN 11 1946

Registration District No. 57

Primary Registration District No. 4092

Registrar's No. 6

**1. PLACE OF DEATH:**

(a) County Cass  
(b) City or town Archie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 23 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Cass 19  
(c) City or town Creston 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Harold Keith Leslie

3. (b) If veteran, name war World War 2 3. (c) Social Security Number 37235520

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilma Gene Seale 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: January 11 1922  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
22 11 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation Truck Driver

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

12. Name John W Seale

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

14. Maiden name Ethel Alma Laughlin

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

16. (a) Informant John W Seale

(b) Address Creston Mo.

17. (a) Burial (b) Date thereof Jan 2 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City, Mo.

18. (a) Signature of funeral director Robert Arnold

(b) Address Creston Mo.

19. (a) Jan 7 - 1946 (Date received local registrar) Laura J. Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 31 year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

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

Immediate cause of death Crest Chest  
affected right foot  
internal rupture

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

Due to Bus struck while on  
truck by train

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.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 31/45 19

(c) Where did injury occur? Archie Cass Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial

(Specify type of place) While at work? (e) Means of injury \_\_\_\_\_

23. Signature W M Griffith (M) D \_\_\_\_\_

Address Harvardville Date signed Jan 2 1946

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

19  
0  
0

Carover Casket Co

NOV 13 1948

MAY 13 1948

MAY 29 1953

JAN 31 1948

JAN 16 1948

JUN 25 1948

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

*Harriet Arnold*

Licensed Embalmer No. 2621

P. O. Address Creechton 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, above space should be left blank.