

S. No. 2  
M-8-43  
v. 5-17-39  
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED JAN 11 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **41496**  
Registrar's No. **227**

Registration District No. **157** Primary Registration District No. **3028**

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Carthage**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mo. Cune Brooks Hospital**  
(If not in hospital or institution, write street number or location) **5 hours**  
(d) Length of stay: In hospital or institution **5 hours** (Specify whether years, months or days)  
In this community **5 hours**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Carthage**  
(If outside city or town limits, write "RURAL") **1**  
(d) Street No. **3**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Leslie Millard**  
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **14**  
year **1945** hour **4** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Dec 14 1945** to **Dec 14 1945**  
that I last saw him alive on **Dec 14 1945**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 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 **Dec. 14th. 1945**  
(Month) (Day) (Year)

Immediate cause of death **Premature infant** Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**0 0 0 5 hr. 0 min.**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_  
12. Name **Ralph Millard**  
13. Birthplace **Barton Co. Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nettie Locke**  
15. Birthplace **Crawford Co. Kansas**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
**159**

16. (a) Informant **Ralph Millard**  
(b) Address **Carthage Mo. R.R. #40**  
17. (a) **Burial** (b) Date thereof **12-15-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation **Paradise Cem.**  
18. (a) Signature of funeral director **Chas. J. Teeter**  
(b) Address **Jasper Mo.**  
19. (a) **12-22-45** (b) **R. B. Clenton M.O.**  
(Date funeral local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **Russell Smith M.D.** (M. D. or other) **MD**  
Address **Carthage Mo** Date signed **12-24-45**

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

MOTHER FATHER

15-12-1006

**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 Howard E. Simpson

Licensed Embalmer No. 4288

P. O. Address Jasper, 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.**