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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4869

Registration District No. 55 Primary Registration District No. 30 N Registrar's No. 71

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

3850

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Atwood Hospital. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six Hours. (Specify whether In this community Thirty Two Years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Carroll 17

(c) City or town Norborne. (If outside city or town limits, write "RURAL") 2

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

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Harvey Leach,

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Margaret Leach.

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. (Month) 9. (Day) 1877 (Year)

8. AGE: Years 68 Months 5 Days 13 If less than one day hr. min.

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

10. Usual occupation Labor At Different Jobs.

11. Industry or business

FATHER
12. Name Francis Main Leach,
13. Birthplace State Illinois. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Missouri.
15. Birthplace Missouri. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Leach.

(b) Address Norborne Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/1946 (Month) (Day) (Year)

(c) Place: burial or cremation Fairhaven Cemetery.

18. (a) Signature of funeral director John G Deitch

(b) Address Norborne. Mo.

19. (a) 2-25-1946 (Date received local registrar) (b) Mrs Herbert Calvert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 22 day year 1946 hour 18 minute 45 P.M.

21. I hereby certify that I attended the deceased from February 22, 1946, to February 22, 1946; that I last saw him alive on February 22, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Peritonitis	
Due to Ruptured abdominal viscus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 129

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? (e) Means of injury

23. Signature John H Platz (M. D. or other) 0

Address Carrollton, Mo Date signed 2-25-46

45 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3-8-46

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 Me

Registered Apprentice No.

working under my personal supervision.

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Norborne 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.