No. 2
-2-43
-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6179

State File No.

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 33

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS (Specify whether
In this community 2 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Okla (b) County 994

(c) City or town Picher 24
(If outside city or town limits, write "RURAL")

(d) Street No. 322 S Treece St
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Samuel Alfred Leonard

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Widowed

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 71 Months Days If less than one day hr. min.

9. Birthplace Unknown Michigan (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Leonard
13. Birthplace Mich (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Grace Cupp
(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 15 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Badger Cemetery

18. (a) Signature of funeral director Webb City Ind Co
(b) Address Webb City, Mo.

19. (a) FEB. 14; 1946 (Date received local registrar) (b) P. L. Pratt Sheth M.D. (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from 2-11, 1946, to 2-12, 1946
that I last saw him alive on 2-12, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	7 days
Due to: Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

108

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 2

23. Signature Wm W. Forbes (M. D. or other) D.O.
Address 210 N. Madison Date signed 2-12-46
WEBB CITY, MO

(Licensed Embalmer's Statement on Reverse Side)

46-2-124

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 Myself

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clayton M Johnston

Licensed Embalmer No. 4304

P. O. Address Wellsville Mo

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

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