

FILED DEC 19 1946

Register's Office No. _____ Primary Registration District No. 5162 Registrar's No. 401

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Stephens
 (If outside city or town limits, write "RURAL" and name of township) Cleveland
 (c) Name of hospital or institution:
Stephens, Mo.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 Years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway 14
 (c) City or town Stephens 11
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) _____
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MILLARD ROGER LEACH
 3. (b) If veteran, name war None 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 Aimie Cleary Leach
 6. (c) Age of husband or wife if alive Wife years
 7. Birth date of deceased 10 - 22 - 1887
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 7
 year 1946 hour 8 minute 55 A.M.
 21. I hereby certify that I attended the deceased from June 1st 1946 to present time 1946
 that I last saw him alive on Sept 1st 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Apoplexy

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>15</u>	hr. _____ min.

Due to Rupture of blood vessel in the Brain

9. Birthplace Boone County Missouri
 (City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name Caleb S. Leach

Major findings: Of operations _____

13. Birthplace Audrain County Missouri
 (City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Emily F. Wright

15. Birthplace Boone County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kyle Fish

(b) Address Stephens, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-46
 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Zion Cemetery

18. (a) Signature of funeral director Parker Funeral Service
 (b) Address Columbia, Mo.

19. (a) 12-9-1946 (Date received local registrar) (b) Josie Mousalchoff (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Lloyd Simpson (M. D. or other) _____
 Address 506 Cherry St. Columbia Date signed 12-10-46

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

MOTHER FATHER

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~~Date Filed 12-21-46~~

~~District File Number~~

District Health Officer No. 9,

RECEIVED

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 Thomas L. Davis

Licensed Embalmer No. 41132

P. O. Address Columbia, 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.