

S. No. 2
OM-5-43
EV. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2179
Registrar's No. 429

FILED JAN 20 1947
County District No. 376

Primary Registration District No. 3060

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
S. Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 20 yrs (Yes or No)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington
(If outside city or town limits, write "RURAL") 1
(d) Street No. S. Main St.
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD LEANHARD

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 married
6. (b) Name of husband or wife Emma Leanhard 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased January 11 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 25 hr. min.

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

10. Usual occupation Harness Maker

11. Industry or business _____

MOTHER FATHER { 12. Name Christian Leanhard 4

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

14. Maiden name Kathryn Myer

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

16. (a) Informant Elmer Leanhard

(b) Address Farmington, Mo.

17. (a) removal (b) Date thereof 1/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah, Ill.

18. (a) Signature of funeral director Miller Funeral Home

(b) Address Farmington, Mo.

19. (a) 1-8-47 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1947 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from 10-12, 1946, to 1-6, 1947.
that I last saw him alive on 1-5-47, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Supra.

Due to Arterial Sclerosis 2 yrs.

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93
Of autopsy _____

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? _____

1. _____ (Specify type of place)
While at work _____ (c) Means of injury _____

23. Signature Geo. L. Williams (M. D. or other)
Address Farmington, Mo. Date signed 1-7-47

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RECEIVED

Health Officer No. 4
Number 147-85
1-15-47

FEB 7 1947

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..... *Paul Doyal*
Licensed Embalmer No. 4120
P. O. Address..... *Lanning Co. 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.