No. 2
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5-17-39
J X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 4 1947

Registration District No. 3 69

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 62-38

State File No. 7674

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Washington

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

(c) Name of hospital or institution:
2 miles northeast of Belgrade
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

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

(d) Street No. 2 miles north-east of Belgrade
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lon Leadford

3. (b) If veteran, name war no

3. (c) Social Security No. 493-05-0005

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Bertha Leadford

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October (Month) 27 (Day) 1892 (Year)

8. AGE: Years 54 Months 3 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Finn Leadford
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Manda Hays
15. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mrs. Lon Leadford
(b) Address Belgrade Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation Belgrade Missouri

18. (a) Signature of funeral director Norman White & Sons
(b) Address A J White Ironton Mo.

19. (a) 2 27 47 (Date received local registrar) (b) Ella S White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1947 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1946 to Jan 50, 1947;
that I last saw him alive on Jan. 25, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage — Duration

Due to Hypertinsion

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 0

23. Signature J. P. Yearyan (M. D. or other)
Address Frondale Mo. Date signed 2-4-47

556 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Office Health Officer No. 4

District File Number 347-311

Date Filed 3-3-47

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 Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Benton Me.

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.