

FILED MAR 24 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sunnyslope Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 day (Specify whether years, months or days)

3. (a) PRINT FULL NAME Billy Ray Leisey

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased November 12 1944
(Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace St. Joseph, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Adam Ray Leisey

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

14. Maiden name Georgia Elizabeth Britin

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

16. (a) Informant Adam Ray Leisey

(b) Address Faucett mo

17. (a) Burial (b) Date thereof 3-15-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sugarcreek Cemetary

18. (a) Signature of funeral director Sauvion Douglas

(b) Address Tatchson

19. (a) 3-12-47 (b) H. C. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Faucett
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1947 hour 11 ~~XXXX~~ A.M.; M.

21. I hereby certify that I attended the deceased from 3-11-47, 19____ to 3-12-47, 19____;
that I last saw him alive on 3-12-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, bilateral bronch Duration 7

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy _____

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 1

23. Signature H. C. Jenkins (M. D. attester)

*Address 620 Francis Date signed 3-12-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Fred Dyer

Licensed Embalmer No. *Kansas 2021*

P. O. Address *Atchison, Kansas*

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, above space should be left blank.