

FILED APR 18 1947

Registration District No. **202**

Primary Registration District No. **3071**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Saline**
 (b) City or town **Slater**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)
 In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Saline 97**
 (c) City or town **Slater, R.F.D.**
(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 **August Henry Leimkuehler**
 3. (b) If veteran, **no** name war _____
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **26**
 year **1947** hour **3** minute **P** M.

4. Sex **male 0**
 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **single 0**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive **1890** years
 7. Birth date of deceased **November 1**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Did not treat him** 19____
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	56	4	25	hr. _____ min. _____

Immediate cause of death **apparently heart-attack**
 Due to **was found dead**

9. Birthplace **Osage County Mo. 0**
(City, town, or county) (State or foreign country)
 10. Usual occupation **farmer**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) **ASC**

11. Industry or business _____
FATHER { 12. Name **James Leimkuehler 0**
 13. Birthplace **Gasconade Co. Mo.**
(City, town, or county) (State or foreign country)
MOTHER { 14. Maiden name **Minnie Grimmett**
 15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy **none male**

16. (a) Informant **Mrs. Esther Layton**
 (b) Address **R.F.D. #2, Slater, Mo.**
 17. (a) **burial** (b) Date thereof **3 28 '47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: **Slater**
 18. (a) Signature of funeral director: **Hill Brothers**
 (b) Address **Slater, Mo.**
 19. (a) **April 3 1947** (b) **Mr. Earl C. Metz**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **TCO**
 (b) Date of occurrence _____
 (c) Where did injury occur? **none**
(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 **W.C. Duggins M.D. 0**
 Address **Slater Mo** Date signed **3/27/47**

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

7
2
1

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-17-47

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

Sam M Hill

Licensed Embalmer No.

1292

P. O. Address

Slater 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.