S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34022

FILED OCT 18 1947

Registration District No. 17

Primary Registration District No. 3016

Registrar's No. 226

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution six days (Specify whether
In this community 6 dz.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Bonnots Mil, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry LeClair
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Pinet
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Jan 1st, 1869 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	9	10	hr. min.

9. Birthplace Bonnots Mill, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business —
FATHER
12. Name Henry LeClair 2
13. Birthplace Canada (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4
16. (a) Informant Elmer LeClair
(b) Address Bonnots Mill, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bonnots Mill, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Linn, Mo.
19. (a) 10-13-47 (Date received local registrar) (b) R. P. Darris MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11th year 1947 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from Oct 8, 1947 to Oct 11, 1947 that I last saw him alive on Oct 11, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Arteriosclerosis~~ Hypertensive cardio vascular disease	year
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 9 3D	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Lucas A Taylor (M. D. or other) MD
Address Jefferson City Date signed 10-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 17 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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn

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.