

S. No. 2  
M-5-42  
5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17222

FILED MAY 28 1948

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls,

(b) City or town Perry, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 73 Yrs.  
(Specify whether years, months or days)

In this community 73 Yrs.  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls, 87

(c) City or town Perry, Missouri. 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME William C. Leonard.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 5th,  
year 1948 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 3-1-48  
1948, to 4-5-48 1948;  
that I last saw him alive on 4-5-48 1948;  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Annie Leonard 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Sept, 3, 1874  
(Month) (Day) (Year)

Immediate cause of death  
Cancer of liver

Duration unknown

8. AGE: Years Months Days If less than one day  
73 7 2 hr. min.

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 116  
Of autopsy

9. Birthplace Ralls County, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer & Coal Miner.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business Coal Mine.

MOTHER FATHER { 12. Name Patric Leonard.

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

14. Maiden name Martha Leake.

15. Birthplace Ralls County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Thome Leonard.

(b) Address Perry, Missouri

17. (a) Burial (b) Date thereof: 4-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Cemetery.

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?

18. (a) Signature of funeral director Clyde C. Wiley

(b) Address Perry, Mo.

19. (a) Wiley (b) Clyde C. Wiley  
(Date received local registrar) (Registrar's signature)

(Specify type of place) While at work? (c) Means of injury

23. Signature E.T. Swan (M. D. or other) 20  
Address Perry, Mo. Date signed 4/6/48

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

700

RECEIVED  
District Health Officer No.  
District File Number 5-48-  
Date Filed MAY 26 1948

**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 ~~to~~.....  
....., Registered Apprentice No. 494  
working under my personal supervision.

Signed Olydie Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, Pa.

**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.