300
10-47
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35683

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1210

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph 4
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Duncan Nursing Home
723 So. 11th St. Nurseing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1210 Douglass St. 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME NOAH I LEACH

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 Widowed

6. (b) Name of husband or wife Amy

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

7. Birth date of deceased September (Month) 25, (Day) 1877 (Year)

8. AGE: Years 71 | Months 1 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace Cameron (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Retired Druggist

11. Industry or business None

FATHER
12. Name Noah I. Leach 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Earl Leach (son)

(b) Address 316 Yale St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/48 (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Missouri

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) 11-15-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 20 71

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 10
year 48 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 9 NOV, 1948 to 10 NOV, 1948
that I last saw him alive on 9 NOV, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS ACUTE	1 MIN
Due to ARTERIOSCLEROSIS	10 YRS
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 94
Of autopsy

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature Clement C. Van Mont (M.D. or other) M.D.

Address 308 Schneider Bldg Date signed 12 Nov 48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph Mo.

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 John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.