No. 300
-10-47
5-17-39
PI 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 17 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37698

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 285

**1. PLACE OF DEATH:**

(a) County Randolph

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

(c) Name of hospital or institution: 126 So Brinkerhoff
(If not in hospital or institution, write street number or location)

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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Randolph

(c) City or town Moberly
(If outside city or town limits, write "RURAL")

(d) Street No. 126 So. Brinkerhoff
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William L Leonard

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cynthia

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

7. Birth date of deceased Feb (Month) 4th (Day) 1873 (Year)

8. AGE: Years 75 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

FATHER
12. Name Worth Leonard
13. Birthplace _____ (City, town, or county) Ia (State or foreign country)

MOTHER
14. Maiden name Lucinda Hager
15. Birthplace _____ (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs W. L Leonard

(b) Address Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) Nov 9-48 (Date received local registrar) (b) Leah William Lowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 7th year 1948 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Coroner's Case, 19__; that I last saw h_____ alive on _____, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Natural - undetermined | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature [signature] (M. D. or other) DC

Address Moberly, Mo Date signed 11-9-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-48-1951
Date Filed NOV 16 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Frank E. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.**