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JAN 25 1941 14  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4211

State File No. \_\_\_\_\_  
Registrar's No. 34

1. PLACE OF DEATH:  
(a) County Henry  
(b) City or town Windsor  
(c) Name of hospital or institution 400 East Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years  
In this community 5 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Leroy Earl 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 Nancy Griffith Leonard 6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased September 25 1888  
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Oil & Gasoline Jobber

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Charles C. Leonard  
13. Birthplace unknown Ohio  
14. Maiden name Mattie Lobaux  
15. Birthplace Clinton, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. E. Leonard

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof Jan. 1, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director Huston-Turner 319A  
(b) Address Windsor, Missouri

19. (a) 1-2-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Henry  
(c) City or town Windsor  
(If outside city or town limits, write "RURAL")  
(d) Street No. 400 East Benton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30  
year 1940 hour 11 minute A M.  
21. I hereby certify that I attended the deceased from Dec 30 11:40 to Dec 30 19:40  
that I last saw him alive on Dec 30 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon monoxide poisoning  
Due to inhalation of fumes from automobile  
Due to \_\_\_\_\_  
Other conditions None  
(Include pregnancy within 3 months of death)  
Major findings: Of operations None  
Of autopsy Not done  
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) Suicide  
(b) Date of occurrence Dec. 30, 1940  
(c) Where did injury occur? Windsor, Henry Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial plant, in public place?  
In garage at home at Windsor, Mo  
While at work? No (Specify type of place) (e) Means of injury Carbon monoxide  
Signature S B Hughes (M. D. or other) M.D.  
Address Carey, Henry Co, Clinton Date signed 12/30/40

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

RECEIVED  
District Health Officer No. 7,  
District File Number 1-41-82  
Date Filed 1-10-41

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

*Ellis M. Huston*

Licensed Embalmer No.

3391

P. O. Address

*Windsor, 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.