

FILED MAY 13 1942

Primary Registration District No. 3-018548

Registrar's No. 94

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

1. PLACE OF DEATH:

(a) County HENRY

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

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

(d) Length of stay: In hospital or institution NONE
(Specify whether years, months or days)

In this community 32 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry #2

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

(d) Street No. Clinton Twp
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES LEROY LEABO

3. (b) If veteran, name war NONE

3. (c) Social Security No. 500-106412

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1942 hour 2 minute P.M.

21. I hereby certify that I attended the deceased from 10/10/42 19.
that I last saw him alive on 10/10/42 19.
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RACHEL LEABO 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May 31 1895
(Month) (Day) (Year)

Immediate cause of death
patient was dead on arrival. From history it sounded like coronary occlusion

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 94a

8. AGE: Years 50 Months 10 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace PLEASANT HILL MO
(City, town, or county) (State or foreign country)

Major findings:
Of operations 94a

Of autopsy _____

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

10. Usual occupation LABORER

11. Industry or business LABORER

12. Name CHARLES LEABO

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

14. Maiden name EMMA JANE HUBERT

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Charles Leroy Hubert
(b) Address Clinton mo Rte 5

17. (a) Burial (b) Date thereof 4 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwater Cem.

18. (a) Signature of funeral director H. A. Vansant
(b) Address Clinton mo

19. (a) April 12, 1942 (b) Georgia Kitchner, D.O.
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature D. P. Hallgren (M. D. or other) M.D.
Address Clinton mo Date signed 4/11/42

MAY 19 1942

RECEIVED

District Health Officer No. 7,

District File Number 5-42-461

Date Filed 5-6-42

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, only

.....; Registered Apprentice No.

working under my personal supervision.

Signed: H. J. Vauseant

Licensed Embalmer No. 3779

P. O. Address Chilton 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.