

FILED SEP 9 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 5796

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town Rural, Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Centertown, Mo. Rt # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Centertown, Mo. Rt # 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Leonard

(b) If veteran, name war No
(c) Social Security No. No

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

7. (b) Name of husband or wife Julia Leonard
6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 3 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 27
If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W Leonard

13. Birthplace Ireland
(City, town, or county) (State or foreign country) 4

14. Maiden name Honorah Flakamma

15. Birthplace Ireland
(City, town, or county) (State or foreign country) 4

16. (a) Informant Pat Leonard

(b) Address Centertown Mo

17. (a) Burial (b) Date thereof Sept 2, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cent, Cal. Mo.

18. (a) Signature of funeral director Bowlin Funeral Home
(b) Address California, Mo

19. (a) 9-1-44 (b) H. Gall
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month Aug day 30
year 1944 hour P M minutes _____ M. _____

21. I hereby certify that I attended the deceased from Feb 1944
1944, 19 _____ to Aug 30 1944
that I last saw him alive on Aug 14, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial heart disease (adiposities)
Due to _____

Due to _____
Other conditions 938
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 2

23. Signature H. Gall (M. D. or other) DO
Address Centertown Mo Date signed 9-3-44

Duration

20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

301 S. Oak

301 S. Oak

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 9-8-44

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 Earl R. Bowler

Licensed Embalmer No. 2126

P. O. Address Blissonia, 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.