

FILED JUN 6 1944

Registration District No.

Primary Registration District No. 3012

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Colay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Excelsior Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community all of life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Colay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Maple Apts
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Freeman Leabo

3. (b) If veteran, name war no 3. (c) Social Security No. 497-16-0095

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Maudie 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 22 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation Cabman

11. Industry or business

12. Name Freeman Leabo
13. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Leabo
15. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Leabo

(b) Address 1128 1/2 W 72nd St Excelsior Springs Mo

17. (a) Burial (b) Date thereof 5 19 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Clarence Grebe

(b) Address Excelsior Springs Mo

19. (a) 5-19-44 (b) Mrs. Maudie Leabo
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1944 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from April 10 to May 16 1944
that I last saw him in alive on May 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke

Due to Influenza, Pneumonia

Due to chronic constipation

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 33a

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(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 0

23. Signature J. M. Craker (M. D. or other) MD
Address Excelsior Springs Mo Date signed 5/17/44

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

MOTHER FATHER

Health Officer No. 8
District File Number
Date Filed 6-5-44

OCT 22 1934

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 *Claude S. Ruehau*

Licensed Embalmer No. *2757*

P. O. Address *Excelsior Spgs. N.*

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.