

FILED DEC 7 1943
Registration District No. 278

Primary Registration District No. 4469

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

1. PLACE OF DEATH:

(a) County Shelby

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shelby 81

(c) City or town St James (If outside city or town limits, write "RURAL") 3

(d) Street No..... (If rural, give location) 0

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME Leroy H. Eure

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race Wh

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

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

7. Birth date of deceased: 6 - 16 - 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

5 16 6 hr. min.

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

10. Usual occupation none

11. Industry or business.....

MOTHER FATHER

12. Name Leroy C. Eure

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

14. Maiden name Ethna M. Wilson

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

16. (a) Informant Ethna M. Eure

(b) Address St James

17. (a) Buried (b) Date thereof 12-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic care

18. (a) Signature of funeral director W. H. Huchler

(b) Address St James Mo

19. (a) 12-11-1943 (b) Charvet Dickson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Nov 10 - 1943 to Dec 1 - 1943 that I last saw him alive on Dec 1 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza, whooping cough

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death)

Duration 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?.....

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

23. Signature William A. Brewer (M. D. or other)

Address St James, Mo Date signed 12-4-43

JAN 24 1944

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 W. E. Leckler

Licensed Embalmer No. 1930

P. O. Address St. James 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.