

FILED NOV 3 1947

Registration District No. **231**

Primary Registration District No. **3858**

Registrar's No. **235**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Rural Hughes Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **72 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway**
(c) City or town **Rural Hughes Twp.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Fred E. Leeper

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 **Marguerite Leeper** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 29 1872**
(Month) (Day) (Year)

8. AGE: Years **75** Months **0** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER
12. Name **Judge William Leeper**
13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Almira Lawrence**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hiram L. Leeper**
(b) Address **Maitland, Missouri**

17. (a) **Burial** (b) Date thereof **10/24/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Graham, Mo.**

18. (a) Signature of funeral director **H. G. Crawford**
(b) Address **Mound City, Mo.**

19. (a) **10-24-47** (b) **Beas Holt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**
year **1947** hour **2** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **not attended**, 19____, to _____, 19____; that I last saw him alive on **not seen**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**
Due to **arterio-sclerosis**

Due to _____
Other conditions (include pregnancy within 3 months of death) **g. y. p.**

Major findings: Of operations **no operations**
Of autopsy **no 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) (c) Means of injury _____

23. Signature **L. E. Dean - Coroner** (M. D. or other) **MD**
Address **Maryville Mo** Date signed **10-23-47**

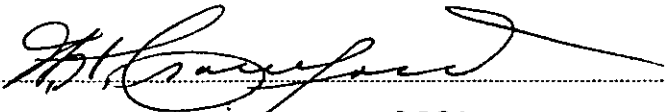
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....



Licensed Embalmer No. 1824

P. O. Address. Mound City, 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.