

DEC 1 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38238

Do not use this space.

4472

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City (d) Street No. 3027 Troost Avenue Registered No. 4472
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Alexander LEECH
(a) Residence, No. 3027 Troost Avenue St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flossie Bowman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 20, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 -- 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Advertising Manager
9. Industry or business in which work was done, as saw mill, bank, etc. Beverage Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsburg Penna.

FATHER 13. NAME Frank G. Leech

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

MOTHER 15. MAIDEN NAME Mary E. Brandl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penna.

17. INFORMANT (ADDRESS) Mr. Brandl J. Leech, (bro.)
Chicago, Illinois.

18. BURIAL, CREMATION, OR REMOVAL PLACE CREMATION DATE 11/15/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley
K. C. Mo.

20. FILED Nov. 16, 38 19 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19

I last saw him/her alive on _____, 19. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Coronary sclerosis
Pulmonary congestion & edema

Other contributory causes of importance: 94%

Name of operation _____ Date of operation _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Walter H. Hatcher, M. D.

(Address) Quincy, K. 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.

P. O. Address

2999
K.C. 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, above space should be left blank.