

DEC 0 JAN 13 1939

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

41856

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jackson <sup>2</sup> Registration District No. 399  
 (b) Township Kaw Primary Registration District No. E 1002  
 (c) City or Kansas City, Mo. <sup>1</sup> (d) Street No. 3957613 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 5 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 4922**2. PRINT FULL NAME**

(a) Residence, No. 3957613 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OF RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lydia Leonard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 15 1861</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min. <u>2</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Machinist</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	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) <u>East St Louis Ill.</u>		
FATHER	13. NAME <u>no record</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>	
MOTHER	15. MAIDEN NAME <u>no record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>no record</u>	
17. INFORMANT (ADDRESS) <u>Lydia Leonard</u> <u>3957 E. 13th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Meriah</u> DATE <u>Dec. 19</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs. C.L. Forster,</u> <u>918 Brooklyn Avenue, K.C. Mo.</u>		
20. FILED <u>Dec 19 1938 M.M. Crowe</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1938 to Dec. 17 1938  
 I last saw him alive on Dec 16 1938. Death is said to have occurred on the date stated above, at 2:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
108  
 Other contributory causes of importance:  
Coronary Failure

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Smear Was there an autopsy? no

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) Paul H. Johnson, M. D.  
 (Address) 920 7th

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X16605

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Glenn*  
*Wm. J. Lee*

---

---

**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.....

**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.**