

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Statia M Leeds 320

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Kyle W. Leeds 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased November 24 1889
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>50</u> | <u>3</u> | <u>24</u> | hr. min. |

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name Erville A. Maylor

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

14. Maiden name Anna Lyons

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

16. (a) Informant Mr. Kyle W. Leeds

(b) Address 40 W. Winthrop Rd.

17. (a) Burial (b) Date thereof March 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-20-40 (b) M. M. Crowl
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 40 West Winthrop Road
(If rural, give location).
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th
year 1940 hour 9 minute 56 P. M.

21. I hereby certify that I attended the deceased from Jan 1937
19____ to Mar 18 1940

that I last saw her alive on Mar 18 1940
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|--|----------|
| <u>General debility of general infection in the course of cure after hysterectomy.</u> | |
| Due to _____ | |
| Due to _____ | |

Other conditions (Include pregnancy within 3 months of death)

| Major findings: | PHYSICIAN |
|---|---|
| Of operations <u>Subtotal of uterus and non malignant</u> | Underline the cause to which death should be charged statistically. |
| Of autopsy <u>none</u> | |

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? _____

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

23. Signature E. L. Miller (M. D. or other) _____
Address 1032 Professano Date signed 3/19/40

1032 Professional Bldg
2-3

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address F. 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.