

FILED MAY 15 1940

399

Primary Registration District No. 1002

Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)
In this community 10 Days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Jimmie W. Leach 200

3. (b) If veteran, name war None 8. (c) Social Security No. None

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

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

7. Birth date of deceased August 30 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 7 25 hr. 5 min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business Adamson-Oak Cliff High School

12. Name James W. Leach

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

14. Maiden name Margaret Coop

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

16. (a) Informant Mr. James W. Leach

(b) Address 1836 West 49th Street

17. (a) Burial (b) Date thereof April 26 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) April 28, 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Dallas

(c) City or town Dallas
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 37 to April 24 1940
that I last saw him alive on April 24 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus, Congenital Duration 18 yrs

Due to occlusion aqueduct of Sylvius 157a 11

Due to _____

Other conditions chronic respiratory
(Include pregnancy within 3 months of death) Paralysis

Major findings: ventriculogram

Of operations _____
Of autopsy yes, as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 1

23. Signature Frank H. Leach (M. D. or other) MD

Address 1620 Progressional Bldg Date signed 4-26-40

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

MOTHER FATHER

Dr. Sped he worked for in surgery

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 K E no.

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.