

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1621

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:
3637 Charlotte Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
years, months or days)
In this community 60 years,

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. 3637 Charlotte Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A. X years.

3. (a) PRINT FULL NAME Dr. Homer O. Leonard, ↓

3. (b) If veteran, name war no. 3. (c) Social Security No. 440-32-5235

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

6. (b) Name of husband or wife Elsie Thain Leonard, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased May 6th 1852
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>11</u>	<u>17</u>	hr. min.

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

10. Usual occupation Physician,

11. Industry or business X

12. Name Samuel J. Leonard,

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

14. Maiden name Sophrany Stockholm,

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

16. (a) Informant E. M. Elliott,

(b) Address 4945 Troost, Kansas City, Mo.

17. (a) Burial, (b) Date thereof 4-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Apr 24 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from 1937
1937 to April 23, 1941;
that I last saw him alive on April 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate
Duration 7 yrs

Due to 51/2
Due to 51/2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Section showed carcinoma
Of operations _____
Of autopsy _____

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 _____

23. Signature Nelise F. Deberblad (M. D. or other) _____

Address 1530 Prof Bldg KC Mo Date signed 4/24/41

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

MOTHER FATHER

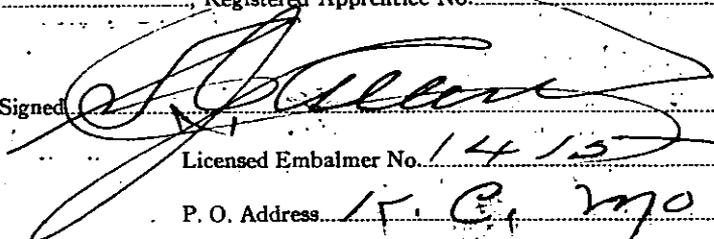
Dr. Ockerblad, Professional Bldg.,
2-321

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. 1415
P. O. Address 15. C. 270

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.