No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17567

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 68

1. PLACE OF DEATH:
(a) County Clay
(b) City or town ~~Fishing River~~ Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community unknown

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. 7306 East 15th St.
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEOPOLD, Arthur B.

3. (b) If veteran, name war World War

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. 15, 1886 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	8	1	hr. min.

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

10. Usual occupation Laborer

11. Industry or business --

MOTHER FATHER

12. Name Arthur Leopold

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

14. Maiden name Mary Reed

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

16. (a) Informant Hospital records

(b) Address

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 16, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director JOHN P. SHEIL, Undertaker

(b) Address Kansas City, Mo. (6606 Indep. Ave.)

19. (a) 5-17-41 (Date received local registrar) (b) Mrs Rie McCracken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1941 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from April 25, 1941 to May 16, 1941; that I last saw him alive on May 16, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, chronic, interstitial

Due to Syphilis, tertiary, cerebro-spinal type

Due to Bronchitis, chronic, severe

Atelectasis, left lower lobe

Other conditions --
(Include pregnancy within 3 months of death)

Major findings:
Of operations --

Of autopsy --

Duration

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

23. Signature Jeremiah Last (M. D. or other)
Address Veterans Administration Date signed 5-16-41
Excelsior Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number 6-12-41
Date Filed

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.