

No. 2
-1-4-41
5-17-39
PI X28350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41142

State File No.

4823

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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: 4221 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 10 months (Specify whether
years, months or days) Mary Frances Leslie

3. (a) PRINT FULL NAME Mary Frances Leslie
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married Divorced
4. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Dec 30 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Mr. Loy
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Mrs. Blodgett
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Walter Leslie

(b) Address 1602 E. 42nd St. Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation St. Agnes 2100

18. (a) Signature of funeral director Walter Leslie

(b) Address St. Agnes 2100

19. (a) 12-26-41 (Date received local registrar) (b) M. M. Crowe (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. 4221 Prospect (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1941 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 17, 1941 to Dec 27 1941

that I last saw her alive on Dec 26 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 2 days

Due to Myocardial Degeneration 3 days

Due to Lobar Pneumonia 10 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10 Of autopsy 10 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 John M. Powers (M. D. or other) MD

Address 3222 E. 27th St Date signed 12/27/41

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

1838

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 *[Handwritten Signature]*

Licensed Embalmer No. 3637

P. O. Address *[Handwritten 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, fact should be so stated above.