

**APR 9 1949**  
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 763

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

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution 6301 East 23rd Ter.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 59 years  
In this community 59 years  
years, months or days

**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. 6301 East 23rd Ter.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

**3. (a) PRINT FULL NAME** ANNIE KING LEOPOLD  
**3. (b) If veteran,** name war none  
**3. (c) Social Security** No. none

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Feb. day 23  
year 1942 hour 1 minute P. M.

**4. Sex** Female **5. Color or** White  
**6. (a) Single, widowed, married** married  
**6. (b) Name of husband or wife** James R Leopold  
**6. (c) Age of husband or wife if** 60 years  
**7. Birth date of deceased:** April 8 1882  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** 7-21-41, 1941, to 2-23, 1942  
that I last saw h. alive on 2-4, 1942  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 59 Months 10 Days 15 If less than one day  
hr. min.

Immediate cause of death SARCOMA OF THE UTERUS WITH INTESTINAL OBSTRUCTION  
Due to 48P

**9. Birthplace:** Jackson County Missouri  
(City, town, or county) (State or foreign country)  
**10. Usual occupation:** House wife

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy See above

MOTHER FATHER

**12. Name:** James M. King  
**13. Birthplace:** Ohio  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** Sarah Jane Gerritt  
**15. Birthplace:** Bolivar Missouri  
(City, town, or county) (State or foreign country)

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant:** James R. Leopold  
**(b) Address:** 6301 East 23rd Ter.  
**17. (a) Burial** Mount Moriah **(b) Date thereof:** 2/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation:** Mount Moriah  
**18. (a) Signature of funeral director:** George G. Cannon  
**(b) Address:** Independence, Mo  
**19. (a) 2/24/42** **(b) M. M. Crowl**  
(Date received by local registrar) (Registrar's signature)

**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:** Henry R. Thorn (M. D. or other)  
Address mea Dr K C Gen 1 (to be signed)

**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

*Raymond N. Martin*

Licensed Embalmer No. *4150*

P. O. Address

*Independence 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, fact should be so stated above.**