V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5502

State File No.

FILED MAR 9 1942

Registration District No. 2799

Primary Registration District No. 1002

Registrar's No. 642

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: 4108 Campbell St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 4108 Campbell St. 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs Helen Leonard Meiners

3. (b) If veteran, name war: No.

3. (c) Social Security No.: None.

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Arthur C. Meiners

6. (c) Age of husband or wife if alive: 42 years

7. Birth date of deceased: January 29, 1904 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
38		14	hr. ..... min.

9. Birthplace: Denison, Texas (City, town, or county) / (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: ...

FATHER
12. Name: William Leonard
13. Birthplace: Elston, Mo. (City, town, or county) / 0 (State or foreign country)

MOTHER
14. Maiden name: Anna Graney
15. Birthplace: Spring Fork, Mo. (City, town, or county) / (State or foreign country)

16. (a) Informant: Arthur C. Meiners
(b) Address: 4108 Campbell St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: February 16, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Thomas E. Quirk Funeral Home
(b) Address: 4316 Troost Ave.

19. (a) 2/16/42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 13th. year: 1942 hour: 4 A.M. minute: ..... M.

21. I hereby certify that I attended the deceased from October 16, 1940, to Feb 13, 1942 that I last saw him alive on Feb 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Metastatic Carcinoma of Liver	
Due to: Carcinoma of Breast Diagnosed Oct 1940	
Due to: SD	
Other conditions (Include pregnancy within 3 months of death)	

Major findings of operation: Carcinoma of Breast - Breast removed Oct 21, 1940

Of autopsy: No 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Jane R. Ferrio (M. D. or other)
Address: 934 Sugg's Bldg - Date signed: Feb 14, 1942
Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas E. Smith

Licensed Embalmer No. 5775

P. O. Address K. C. 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.