

FILED APR 1 1942
Registration District No. **399**

Primary Registration District No. **1002**

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

48
3
8

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:
Vinward Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
In this community **Lifetime**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Claudine May Leslie**

3. (b) If veteran, name war: **-----**
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 **Julius Ceasar Leslie Jr.** 6. (c) Age of husband or wife if alive **25** years

7. Birth date of deceased **Nov. 27, 1919**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
22 3 17 hr. min.

9. Birthplace **Marshall Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Claud Doty**

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

14. Maiden name **Mert Joseph**

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

16. (a) Informant **J. C. Leslie Jr.**

(b) Address **556 Stonewall Court-K.C.Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 17, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cem. Indep. Mo.**

18. (a) Signature of funeral director **Cato & Speaks**

(b) Address **Independence, Mo.**

19. (a) **3-16-42** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **556 Stonewall Court**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **-----**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **14**
year **1942** hour **5** minute **0** M.

21. I hereby certify that I attended the deceased from **3-8-42** to **Mar-14-42**
that I last saw her alive on **3-13-42**
and that death occurred on the date and hour stated above.

Immediate cause of death

Embolicism of coronary artery

Duration

10 min.

Due to **Pericarditis** **6 days**

Due to **Post partum thrombosis Placenta previa**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **147**

Of autopsy **none**

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 **J. S. Helder** (M. D. or other) **-----**
Address **922 Walnut** Date signed **3-7-42**

361

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.....

Alwyn J. Gato

Registered Apprentice No. *321*

working under my personal supervision.

Signed.....

Poland H. Perkins

Licensed Embalmer No. *3604*

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.