

FILED SEP 24 1942

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3420**

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

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:  
**1315 Charlotte Street /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **21 Years** (Specify whether 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. **1315 Charlotte Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **---**

3. (a) PRINT FULL NAME **Mr. Leland Alcy Hamell**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mrs. Fern Hannah Hamell** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **November 17 1902**  
(Month) (Day) (Year)

8. AGE: Years **39** Months **9** Days **28** If less than one day hr. min.

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

10. Usual occupation **Shoe Salesman (Retired)**

11. Industry or business **Isis Shoe Store, K.C. Kansas**

MOTHER FATHER { 12. Name **Alfred Hamell**

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

14. Maiden name **Hettie Green**

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

16. (a) Informant **Mrs. Hettie Hamell**

(b) Address **2731 Olive Street**

17. (a) **Burial** (b) Date thereof **Sept. 17, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial **Green Lawn Cemetery**

18. (a) Signature of funeral director **O. H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **9-17-42** (b) **N. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **15th**  
year **1942** hour **12** minute **Noon** M.

21. I hereby certify that I attended the deceased from **11/15/41** 19...  
that I last saw him alive on **11/15/41** 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic pulmonary infarction**

Due to **12 BT**

Due to **12 BT**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **In situ**

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 **O. H. Newcomer's Sons** Date **9/14/42**

Address **Green Lawn** Date **9/14/42**

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**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..... *K. C. Newcomer Jr*.....

Licensed Embalmer No. *4043*.....

P. O. Address..... *K. C. Newcomer*.....

**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.**