No. 2
I—5-42
5-17-39
1 X12873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 - 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36403

State File No. 44172

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 St Kansas
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 11
(d) Street No. 812 Ray (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Leroy Sevier
3. (b) If veteran, name war
3. (c) Social Security No. none

4. Sex Male
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jeuitha Sevier
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Dec. (Month) 22 (Day) 1916 (Year)

8. AGE: Years 25 27 Months 10 Days 28 If less than one day — hr. — min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation Laborer
11. Industry or business none
MOTHER FATHER
12. Name Sevier
13. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)
14. Maiden name Elizabeth Ryan
15. Birthplace Louisville (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Elizabeth Sullivan
(b) Address 813 Ray
17. (a) ~~Burial~~ (Burial, cremation or removal) (b) Date thereof 11-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn
18. (a) Signature of funeral director Nathan Allgallier
(b) Address 1429 N. 5th St
19. (a) 11-28-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20 year 1942 hour 8:00 minute P.M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Automobile Traumatism	
Due to Fracture of Cervical	
Due to Spine	
Other conditions (Include pregnancy within 3 months of death) 170 C.H. NY	

Major findings:
Of operations
Of autopsy yes

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) Accident 123
(b) Date of occurrence 11-20-42
(c) Where did injury occur? Kans City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? M.K.R. Overpass 18th and Kansas Ave (Specify type of place)
While at work? no (e) Means of injury Auto acc

23. Signature L. P. Richardson (M. D. or other)
Address 1832 Vine Date signed 11-22-42

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1943

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 Me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th

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.