

No. 2
5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39823

State File No.

4612

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 Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 wks
(Specify whether years, months or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4617 E 39
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 42
year 1942 hour 11 minute 25 M.
21. I hereby certify that I attended the deceased from Nov. 24 -
1942 to Dec. 10 - 1942
that I last saw her alive on Dec. 10 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Subarachnoid Hemorrhage

Duration

Due to arterio-sclerosis
Due to 89a

Other conditions
(include pregnancy within 3 months of death)

Major findings:

Of operations

Of 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?

While at work? (Specify type of place) (c) Means of injury

23. Signature W. M. Ledwith (M. D. or other)
Address Conf. Bldg. Date signed 12-11-42

3. (a) PRINT FULL NAME Dontie Grace Leon

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

4. Sex Female / Color or race Wh
6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Frank Leon
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec 21 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Eldon Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

12. Name James A Belshe

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

14. Maiden name Lucetta Belshe

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

16. (a) Informant Frank Leon

(b) Address 4617 E 37th St

17. (a) Removal (b) Date thereof Dec 12 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldon Mo

18. (a) Signature of funeral director Rose & Henderson

(b) Address K. C. Mo.

19. (a) 12-11-42 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

G. E. Henderson

Licensed Embalmer No. *3657*

P. O. Address..... *196. 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.