

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 100

Registrar's No. 4923

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Grundy Lutheran O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL"
(d) Street No. 5036 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS MARY W. LEONARD

MEDICAL CERTIFICATION

3. (b) If veteran, name war no 3. (c) Social Security No. 487-10-6721

20. DATE OF DEATH: Month Dec day 23 year 1942 hour 1 minute 20 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Mr. Bhas. E. Leonard 6. (c) Age of husband or wife if alive: 50 years
7. Birth date of deceased Nov. 15 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 25, 1942 to Dec. 23, 1942, that I last saw her alive on Dec. 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterini with metastases

8. AGE: Years 49 Months 1 Days 8 If less than one day by min.

Due to
Due to 48 B

9. Birthplace Lititz Penn. 1
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name Peter Brunner

Underline the cause to which death should be charged statistically.

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

14. Maiden name Mrs. W. W. Wells

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

16. (a) Informant Mr. Mary Leonard

(b) Address 5036 Bellefontaine

17. (a) Cremation (b) Date thereof 12-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation R.W. Newcamer

18. (a) Signature of funeral director R.W. Newcamer
(b) Address 1401 Broadway

19. (a) 12-24-42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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 Robert L. Moore (M. D. or other) MD
Address 106 W. 14th St. Date signed Dec 23 1942

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

MOTHER FATHER

Security Hospital
12, 100 N. 22nd St. or 21st Ave

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 Hervey Quisenberry
Licensed Embalmer No. 4070
P. O. Address J. B. 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.