

FILED MAR 6 1944

Primary Registration District No. **1002**

Registrar's No. **767**

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

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: **4527 Main Kansas City Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **1 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson** **48**
(c) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **4527 Main**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Thomas Leonard

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **Feb** day **14** year **1944** hour **8:40** minute **P** M.

4. Sex **M** 5. Color or Race **W.** 6. (a) Single, widowed, married, divorced **Widower**
(b) Name of husband or wife **Rebecca Leonard** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 26 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 14** to **Feb 15** 19**44**
that I last saw him alive on **Feb 15** 19**44**
and that death occurred on the date and hour stated above.

8. AGE: Years **74** Months **76** Days **19** If less than one day hr. _____ min _____

Immediate cause of death **Coronary Thrombosis**
Due to **Cerebral Malleus**
Due to **Advanced Senility**
Other conditions **none**
(Include pregnancy within 3 months of death)

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

10. Usual occupation **None**

Major findings: Of operations _____
Of autopsy **none** **bl**

11. Industry or business _____
12. Name **John Leonard**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Nota Flavin**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: **no**
(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? _____

16. (a) Informant **Dorothy Dorothy Leonard**
(b) Address **4527 Main St. MO**
17. (a) **Burial** (b) Date thereof **Feb 18 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Norton Kansas**
18. (a) Signature of funeral director **Wm. S. F. Funeral Home**
(b) Address **W. S. F. Kansas**
19. (a) **2-16-44** (b) **J. C. Brown**
(Date received local registrar) (Registrar's signature)

23. Signature **J. P. Monahan** M. D. or other _____
Address **2-11 Argyle** Date signed **2/16/44**

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 W.R.

....., Registered Apprentice No.
working under my personal supervision.

Signed J. C. Ramsey
Licensed Embalmer No. 4165
P. O. Address Missouri Kansas

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.