

FILED DEC 14 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4880

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:
1009 E 25th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether 1)

In this community 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1009 E 25th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Charles Y. Leach

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 486-01-5835

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian P. Leach

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased: 11 6 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>0</u>	<u>25</u>	hr. min.

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

10. Usual occupation Maintenance Foreman

11. Industry or business Chambers Bldg.

MOTHER FATHER

12. Name William Leach

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Lillian Leach

(b) Address 1009 E 25th St.

17. (a) Burial (b) Date thereof 12-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director John P. Sheil

(b) Address 6606 Indep. Ave. Kansas City, Mo

19. (a) Dec 4 1944 (b) J E Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1
year 1944 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Coroner 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy By respection + history

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) (e) Means of injury corner

23. Signature JAMES W. WALKER (M. D. or other)

Address 1424 Jefferson Bldg. Date signed 12-1-44

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

X

X

JAN 6 1945

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.....

Licensed Embalmer No.....

P. O. Address.....

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.