

Registration District No. 149 Primary Registration District No. 1002

18
3
8

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: Children's Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 2 days
(Specify whether)

In this community 1 YEAR
years, months or days

3. (a) PRINT FULL NAME Leo Eugene Madison, Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

6. (a) Single, Widowed, married, divorced Child

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 13 years (Day) (Year)

7. Birth date of deceased February 13 1944
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|----------|----------|-----------|----------------------|
| <u>1</u> | <u>1</u> | <u>14</u> | hr. min. |

9. Birthplace Kansas City, Jackson Co, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name Leo Eugene Madison, Jr.

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

14. Maiden name Elizabeth Blanton

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

16. (a) Informant Father - LEO EUGENE MADISON, Jr.

(b) Address 5920 PARK AVENUE

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof MAR 29 1945
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director H. W. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 3-29-45 (Date received local registrar)

(b) H. W. Newcomer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 5920 Park
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1945 hour 11 55 minute A M.

21. I hereby certify that I attended the deceased from 3-23-45 to 3-27-45
that I last saw her alive on 3-27-45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Pneumococci meningitis Duration 2 weeks

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 81 a

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) (e) Means of injury

23. Signature Harry M Kelly (M. D. or other)

Address 1624 Prof Bldg Date signed

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..... *H. C. Newcomer Jr.*

Licensed Embalmer No..... *21043*

P. O. Address..... *J. C. 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.