. S. No. 2
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v. 5-17-39
I X35597

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

23059

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 14 1945

Registration District No. 14 Primary Registration District No. 1002 Registrar's No. 3050

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: Lakeside O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital 10½ hrs (Specify whether years, months or days)
In this community 7 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. 1116 East 45th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Paul Arnold Leslie 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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 7 (Month) 19 (Day) 1945 (Year)
8. AGE: Years | Months | Days | If less than one day 10 hr. 30 min.
9. Birthplace Kansas City (City, town, or county) Mo (State or foreign country)
10. Usual occupation infant
11. Industry or business
FATHER
12. Name Paul arnold Leslie, Sr
13. Birthplace Garden City (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Mildred Ruth Stearns
15. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Paul Arnold Leslie, Sr.
(b) Address 1116 E. 45th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 7-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1945 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7-19- 1945, to 7-20- 1945, that I last saw him alive on 7-20- 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory failure due to failure closure foramen ovale — Duration
Due to —
Due to —
Other conditions (Include pregnancy within 3 months of death) —
Major findings: Of operations —
Of autopsy —

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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? (Specify type of place)
While at work? (e) Means of injury
23. Signature N. Gale Lincoln M.D.
Address 612 Chamber Bldg K.C. Mo. Date signed 7-20-45

(Licensed Embalmer's Statement on Reverse Side)

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.