S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

McGee Chapel

FILED OCT 23 1945

State File No. 32758

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4139

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: 1603 Wyandotte 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 26 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1603 Wyandotte 8 (If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Joseph S. Leigh

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race Wh

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

6. (b) Name of husband or wife Jennie E. Leigh

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 17 (Day) 1860 (Year)

8. AGE: Years 85 Months 2 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Davenshire England 4 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name James Leigh
13. Birthplace England 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susanna Scott 1
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant Jennie E. Leigh

(b) Address 1603 Wyandotte

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 9 1945 (Month) (Day) (Year)

(c) Place: burial or cremation McKee Chapel Cem Near Saddlemo

18. (a) Signature of funeral director Mr C. D. Forster

(b) Address 918 Brooklyn

19. (a) 10-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Oct day 6 year 1945 hour 12 minute noon M.

21. I hereby certify that I attended the deceased from Oct 5, 1945, to Oct 6, 1945, that I last saw him alive on Oct 5th, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: 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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Edward Furey (M.D. or other) D.O.

Address 2 East 39th St. Date signed 10/6/45

(Licensed Embalmer's Statement on Reverse Side)

Gr 9871

We 2810
2-Est 39 st

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 Cortland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.