

V. S. No. 2
OM-9-4-41
Rev. 5-17-39
I X29484

FILED DEC 12 1945

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 371

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Callaway
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Hosp. No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 8887 Wimmer Road
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME DELLA LEONARD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Edward W Leonard

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

7. Birth date of deceased May 19 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>6</u>	<u>9</u>	hr. _____ min.

9. Birthplace Legonier Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

MOTHER FATHER

11. Industry or business _____

12. Name Elijah Lloyd

13. Birthplace Heron Co Vermont
(City, town, or county) (State or foreign country)

14. Maiden name Judith Ann Bishop

15. Birthplace Waynes Co Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 1

(b) Address Callaway Mo

17. (a) Removal (b) Date thereof 11/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Wallace General Home
(b) Address Callaway Mo

19. (a) 11-29-45 (b) Josie Moseley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1945 hour 10 minute 0 P. M.

21. I hereby certify that I attended the deceased from Nov 27
1945 to Nov 28 1945
that I last saw her alive on Nov 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Generalized arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

Duration ?

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 _____

Signature P. S. Tate (M. D. or other) _____

Address State Hosp. # 1 Date signed 11-29-45

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

14
1
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-11-45

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 Wenzel C. Brownings

Licensed Embalmer No. 2724

P. O. Address Fulton 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.