No. 2
—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16065

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Professional Bldg. ~~2 Miles N.E. of~~ Liberty Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 8 months out of Service

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24

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

(d) Street No. 1221 E 21st Street (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country No

3. (a) PRINT FULL NAME Darwin Eugene Leeka

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

3. (c) Social Security No. 488-14-3677

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 2

6. (b) Name of husband or wife Joyce Annis

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased June (Month) 28 (Day) 1922 (Year)

8. AGE: Years 23 Months 10 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Cameron (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Machinist

11. Industry or business Schupp Auto Parts K.C. Mo.

MOTHER FATHER

12. Name Orville Leeka

13. Birthplace Unknown (City, town, or county) Iowa (State or foreign country) 1

14. Maiden name Cleo Bing

15. Birthplace Cameron (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Mrs Cleo Bing Chinn

(b) Address 1221 E 21st. St North K.C. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/26/46 (Month) (Day) (Year)

(c) Place: burial or cremation Cameron, Mo.

18. (a) Signature of funeral director O J Carden Jr

(b) Address 119 E Franklin St Liberty Mo

19. (a) May 26, 1946 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1946 hour 2 minute 30 A.M.

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

Immediate cause of death accident, a collision with an abutment of a Bridge on Hiway 69 over the Burlington R.R. 2½ mi N.E. of Liberty Mo.

~~Due to~~

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Coroner Case

Coroner Case 1700 Case 27

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) accident

(b) Date of occurrence 5-26-1946, 24

(c) Where did injury occur? Hiway 69 (City or town) Clay (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place, Highway 69 (Specify type of place)

While at work? (e) Means of injury

23. Signature R. W. Pracher Coroner (M. D. ~~or other~~)

Address Excelsior Springs, Mo Date signed 5-26-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-5-46
Date Filed

JUL 26 1946

JUL 24 1946

OCT 16 1946

OCT 29 1946

JUN 28 1946

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 O J Carden Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.