

FILED JUN 10 1946

Registration District No.

Primary Registration District No.

1002

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: Childrens Mercy Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 7 1/2 Hours
(Specify whether
In this community 7 1/2 Hours
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town: Missouri Tarsney
(If outside city or town limits, write "RURAL")
(d) Street No. R#1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leonard Neal Johnson

3. (b) If veteran,

name war

no

3. (c) Social Security

No.

none

4. Sex M 5. Color or race W
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 Sept 14 1942
(Month) (Day) (Year)

8. AGE: Years 3 Months 8 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____ infant

11. Industry or business _____

12. Name Thomas Johnson
13. Birthplace Pleasant Hill, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Johnson
15. Birthplace Graybull, Wyoming
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Johnson

(b) Address Tarsney, Mo.

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

(c) Place: burial or cremation Free Summit, Mo.

18. (a) Signature of funeral director W. D. Anderson

(b) Address Free Summit, Mo.

19. (a) 5-26-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month May day 26
year 1946 hour 5 minute 40/p. M.

21. I hereby certify that I attended the deceased from May 26 1946 to 5-26 1946
that I last saw him alive on 5-26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of L & R Legs Duration 6 hours

Due to Venous stasis from acute lymphatic enlargement 24 hours
Due to Acute lymphocytic leukemia 24 hours

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

Major findings: Of operations _____
Of autopsy _____
740

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 [Signature] (M. D. or other)
Address [Address] Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
15593

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 *W. B. Langford*

Licensed Embalmer No. 3833

P. O. Address: *The Summit Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.