S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23685

FILED JUL 31 1946

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3032

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: 4120 Agnes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4120 Agnes 8
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME NANCY ABIGAIL LEACH

3. (b) If veteran, name war NO

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Chas. A. Leach Deceased

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

7. Birth date of deceased September (Month) 6 (Day) 1872 (Year)

8. AGE: Years 73 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation Retired from Loose Wiles

11. Industry or business Bakery

FATHER
12. Name Samuel W. McClure
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mandy Wousley
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Hugh M. McClure
(b) Address 4120 Agnes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 12th (Day) 46 (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. Mo

19. (a) 7-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1946 hour 3 minute P M.

21. I hereby certify that I attended the deceased from about 1937, to 19 ; that I last saw h alive on July 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral Arteriosclerosis

Due to

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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

23. Signature Geo. S. Bennett (M. D. or other)
Address 1634 Winner K. C. Mo Date signed 7/11/46

(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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.