

FILED DEC 24 1946

Registration District No. 199

Primary Registration District No. 1002

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: Vineyard Park Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community 61 years years, months or days)

3. (a) PRINT FULL NAME Leona Clide Madden
3. (b) If veteran, name war - no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife William James 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased July 31, 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Joseph C. Edie

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant W.J. Madden

(b) Address 1326 E 10th Oberlin Apts.

17. (a) Burial (b) Date thereof 12-11-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 12-10-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1326 E 10th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1946 hour minute

21. I hereby certify that I attended the deceased from Nov. 19 1946 to Dec. 8 1946; that I last saw h. er alive on Dec. 8 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus Duration

Due to

Due to

Other conditions Anemia, secondary-areteio sclerosis
(Includes pregnancy within 3 months of death)

Major findings: 4/8 15
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. M. Higgins M.D. (M. D. or other)

Address 925 Argyle Bldg, K.C. Mo Date signed 12-10-46

REPRODUCTION OF THIS RECORD IN ANY MANNER IS PROHIBITED

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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.D. Blackman
Licensed Embalmer No. 3639
P. O. Address T.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.