

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40977**
Registrar's No. **427**

Registration District No. **146**

Primary Registration District No. **5-5-68**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City (Rural) Blue**
(c) Name of hospital or institution: **Smart A ve and Stark St. 2**
(d) Length of stay: In hospital or institution **no**
In this community **37 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **6011 E 8th St., Kansas City**
(d) Street No. **6011 E 8th St.,**
(e) Citizen of foreign country? **No**
If yes, name country **1**

3. (a) PRINT FULL NAME **WILLIAM LESTER McLEOD**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **495-05-2288**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Marie Patterson McLeod** 6. (c) Age of husband or wife if **31** years

7. Birth date of deceased **3/9/1909**
(Month) (Day) (Year)

8. AGE: Years **37** Months **9** Days **16**
If less than one day hr. min.

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

10. Usual occupation **Laborer**
11. Industry or business **Sheffield Steel Corp.**

MOTHER FATHER { 12. Name **William McLeod**

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

14. Maiden name **Jaunita Mattengly**

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

16. (a) Informant **Mrs. Elizabeth McLeod**

(b) Address **8725 Smart Ave.,**

17. (a) **Burial** (b) Date thereof **12/28/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **John P. Sheil**
(b) Address **Kansas City, Mo.**

19. (a) **12-30-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **25**
year **1946** hour **11** minute **P** M.

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

Immediate cause of death **Deputy Coroner**
Gunshot Wound
of Head

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

Major findings: Of operations **164c**

Of autopsy **See Above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **suicide 120**
(b) Date of occurrence **12/25/46**
(c) Where did injury occur? **Independence Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **No** (Specify type of place) (c) Means of injury **Gunshot**

23. Signature **d.e. Washer** (M. D. or other) **0**
Address **3800 Main** Date **12/27/46**

354 (Licensed Embalmer's Statement on Reverse Side)

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

FEB 14 1947

JAN 23 1947

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.....

John P. Shield
Licensed Embalmer No. 3625

P. O. Address.....

Hennepin City, Minn.

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.