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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1332

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 399

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: 727 Highland Avenue
(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: 15 Years

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.: 727 Highland Avenue 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) U
If yes, name country: ____

3. (a) PRINT FULL NAME: LEO H. SINCLAIR

3. (b) If veteran, name war: Spanish American World War 1

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Jessie H. Carson

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: unknown (Month) (Day) (Year)

8. AGE: Years: About 75 | Months: | Days: | If less than one day: ____ hr. ____ min.

9. Birthplace: ____ (City, town, or county) England 4 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Writer

MOTHER FATHER

12. Name: John H. Sinclair

13. Birthplace: ____ (City, town, or county) England 4 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: ____ (City, town, or county) England 4 (State or foreign country)

16. (a) Informant: R. C. Sinclair

(b) Address: Oklahoma City, Okla.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1 - 28 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Wadsworth, Kansas

18. (a) Signature of funeral director: Freeman Mortuary & Chapel

(b) Address: 104 West 42nd, St. Kansas City, Mo.

19. (a) 1-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 24th, year: 1947 hour: 8:50 minute: A. M.

21. I hereby certify that I attended the deceased from 3/ ____, 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 — Duration
Coronary Sclerosis

Due to: ____

Due to: ____

Other conditions: 93 d
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____

Of autopsy: History & Inspection

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) Means of injury: ____

23. Signature: A. E. Usher (M. D.) Date signed: 1/24/47

Address: 2800 Main

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1955

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.