No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24258

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3061

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: 3926 Woodland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 50 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. 3926 Woodland Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MRS. MAE OLIVE LEIDY
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 Widowed
6. (b) Name of husband or wife Henry Leidy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 4th. (Day) 1870 (Year)

8. AGE: Years 76 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown 9
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Edna Wells
(b) Address 3926 Woodland Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 22 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.
19. (a) 7-21-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th.
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Nov 17, 1946, to July 19, 1947; that I last saw her alive on June 16, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 hr
Due to Arteriosclerotic Cardio-Vascular Disease	10 yr
Due to	
Other conditions (include pregnancy within 3 months of death) Chr. Nephritis Hypertrophic Arthritis	

Major findings:
Of operations —
Of autopsy —

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PHYSICIAN
Underline the cause of 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 —
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? — 0
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Carl H. Katz (M. D. or other) M.D.
Address 404 1/2 W 75th Date signed 7-21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 J. L. Freeman

Licensed Embalmer ~~No.~~ 2939

P. O. Address K. C. 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.

From 1:00 to 5:00 o'clock