

S. No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAY 7 1948

U. S. DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

12707
State File No. _____
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1839

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3: (a) PRINT FULL NAME Virgil H. Leidy
3. (b) If veteran, name war World War 2 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Pearl L. Leidy 6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased October 21, 1908
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 4 If less than one day hr. min.

9. Birthplace: Leon, Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Federal Meat inspector

11. Industry or business Government

12. Name Clarence Leidy

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

14. Maiden name Emma C. Chamberlin

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

16. (a) Informant Mrs. Pearl Leidy

(b) Address 5329 Woodson Road.

17. (a) removal (b) Date thereof 4-28-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leon, Kans.

18. (a) Signature of funeral director Bradford Funeral Home

(b) Address Mission, Kans.

19. (a) 4-27-48 (b) Doraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson
(c) City or town Mission
(If outside city or town limits, write "RURAL")
(d) Street No. 5329 Woodson Road
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 25
year 1948 hour 11 minute 25 P.M.
21. I hereby certify that I attended the deceased from Sept. 7, 1947 to April 25, 1948;
that I last saw him alive on April 25, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 30 hrs.
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: 94a
Of operations _____
Of autopsy SAME
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) (2) Means of injury _____
23. Signature [Signature] (M. D. or other) MD
Address Mission, Mo. Date signed 4-27-48

RECEIVED
AUG 25 1948
JUN 10 1948
846101 NJR

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

10. Usual occupation Federal Meat Inspector
(City, town, or county) (State or foreign country)

11. Industry or business Government

MOTHER FATHER { 12. Name Carrene Leidy

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

14. Maiden name Erma L. Chamberlain

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

16. (a) Informant Mrs. Pearl Leidy

(b) Address 5329 Woodson Rd -

17. (a) Removal (b) Date thereof 4 28 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Fun. Cap. Leon Kans.

18. (a) Signature of funeral director Bradford Funeral Home
Mission Kans.

(b) Address Mission Kans.

19. (a) 4-27-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 94a

Of autopsy same

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 [Signature] (M. D. or other) MD

Address [Signature] Date signed 4/28/48

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 Wesley H Bradford

Licensed Embalmer No. 4370

P. O. Address Missouri Kans

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.