

S. No. 30-3
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 29 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5069

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. Gen. Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community 60 years
 years, months or days (Specify whether)

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. 1916 Jackson
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT Elizabeth Leach
 FULL NAME
 3. (b) If veteran, name war no
 (c) Social Security No. 495-24-4590
 4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thomas F. Leach
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Dec. 23 1882
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. 12th day
 year 1948 hour 11:30 A.M. minute _____ M.
 21. I hereby certify that I attended the deceased from 12-8-48 19____ to 12-12-48 19____
 that I last saw her alive on 12-12-48 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days 19 If less than one day
 hr. _____ min. _____
 9. Birthplace Penn.
 (City, town, or county) (State or foreign country)

Immediate cause of death
Congestive heart failure
Diabetes mellitus
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 601

MOTHER FATHER
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name William Gorman
 13. Birthplace Penn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Virginia Mitchell
 15. Birthplace Penn.
 (City, town, or county) (State or foreign country)
 16. (a) Informant Thomas F. Leach
 (b) Address 1916 Jackson
 17. (a) Burial (b) Date thereof 12/14/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cem.
 18. (a) Signature of funeral director Earp & Sons
4139 East 15th, St.
 (b) Address _____
 19. (a) 12-13-48 (b) Geraldine Holmes
 (Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____
 Of autopsy None
 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?
Wm. W. Hart (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Wm. W. Hart (M. D. or other)
Med. Dir. K.C. Gen. Hospital K.C. Mo
 Address _____ Date signed 12-13-48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

William H. Camp

Registered Apprentice No. *241*

working under my personal supervision.

Signed *John B. Camp*

Licensed Embalmer No. *2955*

P. O. Address *H. C. Smith*

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.