

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 22922
3016

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3016			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE MISSOURI				b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY				c. LENGTH OF STAY (In this place) 17 yrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2				d. STREET ADDRESS (If rural, give location) 1514 Euclid Avenue					
3. NAME OF DECEASED (Type or Print) LEONARD			a. (First)		b. (Middle)		c. (Last) ANDERSON		
4. DATE OF DEATH JULY 10 1951		(Month)		(Day)		(Year)			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCTOBER 25 1899		9. AGE (In years last birthday) 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KITCHEN HELPER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LOUISVILLE, KENTUCKY		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME JERRY ANDERSON			13b. MOTHER'S MAIDEN NAME MIRAH			14. NAME OF HUSBAND OR WIFE ELIZABETH ANDERSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MALLA MAY CLARK 1514 Euclid Avenue					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BRONCHO PNEUMONIA				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC CIRRHOSIS OF THE LIVER					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. JAUNDICE								58 1/2	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 6-18 , 19 51 , to 7-10 , 19 51 , that I last saw the deceased alive on 7-10 , 19 51 , and that death occurred at 9:10P m., from the causes and on the date stated above.									
23a. SIGNATURE Frank E. Ellis				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 7-12-51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-17-51		24c. NAME OF CEMETERY OR CREMATORY St. Charles		24d. LOCATION (City, town, or county) Kansas City			
DATE REC'D BY LOCAL REG. 7-17-51		REGISTRAR'S SIGNATURE Heraldine Helms		FUNDERAL DIRECTOR'S SIGNATURE B. A. DYBROWN		ADDRESS 1307 N. K. C. M. O.			

(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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 1271

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.