

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

8239

State File No.

FILED MAR 29 1952

1240

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Missouri</u>	
c. LENGTH OF STAY (In this place) <u>25 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>341 Woodland Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>341 Woodland Ave</u>		3108	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mr Leonard</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Alexander</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-15-1952</u>
---	------------------------------	-----------------------	----------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-8-1876</u>	9. AGE (In years last birthday) <u>76-75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
------------------------------	---	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cabinet Maker</u>	11. BIRTHPLACE (State or foreign country) <u>Williamsburg New York</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary A. Alexander</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary A. Alexander</u>	ADDRESS <u>341 Woodland</u>
---	---	--	---------------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Kealy</u> (Degree or title) <i>Geo. C. Kealy, M.D., State Health Officer</i>	23b. ADDRESS <u>4050 Broadway St. East</u>	23c. DATE SIGNED <u>3-15-52</u>
--	--	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-17-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jackson Co Missouri</u>
---	--------------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-17-52</u>	REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>France Wornall</u>	ADDRESS <u>Funeral Home N.C. Mo.</u>
---	--	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

008

30

1908

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Russell N. France

Licensed Embalmer No. 4255

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.