S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28143

State File No. 28143

LED AUG 25 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 3566

1. PLACE OF DEATH
a. COUNTY: Jackson 4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 32 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Nur. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3 | D8
d. STREET ADDRESS (If rural, give location): 512 Woodland Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): F.
c. (Last): Leary

4. DATE OF DEATH (Month) (Day) (Year): 8-9-52

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-19-1871
9. AGE (In years last birthday): 81 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired): Pensioner
10b. KIND OF BUSINESS OR INDUSTRY: K.C. Power & Light
11. BIRTHPLACE (City and State or Foreign Country): Warrensburg, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Edna Leary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 449-12-4934
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: A.E. Moebius: 1015 Cherry St.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis — Interval between onset and death: 3 yr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 2 yr
DUE TO (c) — 10 yr

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 45

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1-21-51, 19____, *to* 8-9-52, 19____, *that I last saw the deceased alive on* 8-9-52, 19____, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank Paul Laurenzana (Degree or title) | **23b. ADDRESS** 428 S. Whitelaw | **23c. DATE SIGNED** 8-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: 8-11-52 | **24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park | **24d. LOCATION** (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 8-9-52 | **REGISTRAR'S SIGNATURE**: Geraldine Holmes | **25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: B.E. Weeks: K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 R. E. Weibel

Licensed Embalmer No. 14075

P. O. Address K.C.S., 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.