S. No. 200
v. 10.48

FILED DEC 13 1952

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

State File No. 38775

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5259

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

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 15yrs. ~~[illegible]~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital

**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
d. STREET ADDRESS (If rural, give location): 309 E. 12th

3288

**3. NAME OF DECEASED** (Type or Print)
a. (First): Francis
b. (Middle): J.
c. (Last): LEAHY

**4. DATE OF DEATH** (Month) (Day) (Year): 11-25-52

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: June 13, 1893
**9. AGE** (In years last birthday): 59 — 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): Linotype Operator
**10b. KIND OF BUSINESS OR INDUSTRY**: Newspaper
**11. BIRTHPLACE** (City and State or Foreign Country): Seattle, Washington
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Francis Leahy ~~Unknown~~
**13b. MOTHER'S MAIDEN NAME**: ~~Unknown~~ Anna Schlueter
**14. NAME OF HUSBAND OR WIFE**: ~~Unknown~~ Dora Leahy

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): 8-26-18 To 8-26-19
**16. SOCIAL SECURITY NO.**: unk
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Miss Lois Leahy Sacramento, Calif.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia

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

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

INTERVAL BETWEEN ONSET AND DEATH: 4 1X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES [X] 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* ~~November 24, 19 52 to November 25, 19 52~~ *that I last saw the deceased alive on* ~~November 25, 19 52~~ *and that death occurred at* 1:30 pm., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Richard C. Schaffer, M.D. Pathologist
**23b. ADDRESS**: VA Hospital Kansas City, Mo.
**23c. DATE SIGNED**: 11-26-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: Dec 1-52
**24c. NAME OF CEMETERY OR CREMATORY**: NATIONAL CEMETERY
**24d. LOCATION** (City, town, or county) (State): Leavenworth Kansas

**DATE REC'D BY LOCAL REG.**: 12-2-52
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Sheil Funeral Director, Ky Ohio

(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. C. Carroll

Licensed Embalmer No. 4829

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.