

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 850

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) c. LENGTH OF STAY (in this place) OR TOWN Kansas City 72 yrs.
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters Of The Poor
d. STREET ADDRESS (If rural, give location) 52 nd. & Highland 3750

3. NAME OF DECEASED a. (First) John b. (Middle) F. c. (Last) Leahy
4. DATE OF DEATH (Month) (Day) (Year) 2 8 53

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 1968 9. AGE (Years) (Months) (Days) (Hours) (Min.) 2 8 53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Burlington RR
11. BIRTHPLACE (City and State or Foreign Country) Holden, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME MAURICE LEAHY 13b. MOTHER'S MAIDEN NAME BRIDGET 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or for unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Leahy 2927 Garfield KCMO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
ANTECEDENT CAUSES DUE TO (b) Arterio sclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Laceration of Head.
INTERVAL BETWEEN ONSET AND DEATH 2 days
20 yrs
4 days

19a. DATE OF OPERATION 4/19/53 19b. MAJOR FINDINGS OF OPERATION 45
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.) Home.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 5 53 2 p.m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? Fell against radiator

22. I hereby certify that I attended the deceased from 3/19, 1952, to 2-8-53, 1953, that I last saw the deceased alive on 2/7, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph H. Fogarty (Name or title) DO DO
23b. ADDRESS 402 Northman Bldg KCMO
23c. DATE SIGNED 2/9/53

24a. BURIAL, CREMATION REMOVAL (Specify) Burial
24b. DATE 2-11-53
24c. NAME OF CEMETERY OR CREMATORY St. Marys
24d. LOCATION (City, town, or county) (State) Kansas City MO

DATE REC'D BY LOCAL REG 2-9-53 REGISTRAR'S SIGNATURE Seraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar KCMO.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Forrest D. Caldwell

Licensed Embalmer No.

4714

P. O. Address

N. 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri }
County of Jackson } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 6073
Local Registrar's No. 850

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19th day of March, 1953, before me appears
Joseph E. Leahy, who, upon his oath, states that the original record of ~~birth~~ death
for John E. Leahy died ~~born~~ February 8, 1953, in the State of
Missouri, and which was filed at Kansas City on Feb. 9, 1953, should be corrected as follows:

Item No. 8 should read January 2, 1868

Instead of January 3, 1867

Item No. 9 should read 85

Instead of 86

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joseph E. Leahy Nephew
Relationship.

2927 Garfield, Kansas City, Missouri
Present Address.

Subscribed and sworn to before me this 19th day of March, 1953.

My Commission expires October 21, 1953 James M. Lilly Notary Public.

S-6073