

FILED MAR 14 1941

Registration District No. 392

Primary Registration District No. 1002

Registrar's No. 784

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hours
In this community 45 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 819 West 58th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. Leonard Callender

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Elizabeth Dickey Callender 6. (c) Age of husband or wife if 33 years

7. Birth date of deceased December 18 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 5 hr. _____ min.

9. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation General Partner

11. Industry or business Callender, Burke & Macdonald

12. Name Edward R. Callender

13. Birthplace Burlin Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name Marie L. Cable

15. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Dickey Callender

(b) Address 819 West 58th Street

17. (a) Burial (b) Date thereof Feb. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Temple

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/24/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 23rd
year 1941 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb 23
1941, to Feb 23 1941

that I last saw him alive on Feb 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of rt internal capsule (cerebral) with extension into ventricles Duration 4 hours

Due to Arterial hypertension

Due to _____

Other conditions SBP
(Include pregnancy within 3 months of death)

Major findings: SBP
Of operations _____

Of autopsy Confirmed Clinical Diagnosis

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury HI

23. Signature Samuel H. Douglas (M. D. or other)
Address 315 Alameda Road K.C. Date signed 2-24-41

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

18
3
8

H5

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

[Handwritten Signature]

Licensed Embalmer No. *4043*

P. O. Address *[Handwritten Address]*

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.