

S. No. 2  
M-5-43  
7-5-17-39  
I X36571

**FILED AUG 26 1947**  
Registration District No. **1847**

Primary Registration District No. **1002**

Registrar's No.

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

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 1 week (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Concordia, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 mi east  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME LEONARD L. BLACK

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Ester Black 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased May 31 1915  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
32 2 12 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Leonard Lee Black

13. Birthplace Saline County, Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Ina Ussery

15. Birthplace Hickory County, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Dewayne Black

(b) Address Concordia, Missouri

17. (a) Burial (b) Date thereof Aug 16, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia, Missouri

18. (a) Signature of funeral director James Funeral Home

(b) Address Concordia, Missouri

19. (a) 8-16-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1947 hour 9 minute 23 P M.

21. I hereby certify that I attended the deceased from As Pathologist  
that I last saw him live on Aug 13, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Glioma (Astrocytoma) of Right frontal lobe  
J.B. Bair, M.D.  
Other conditions malignant  
(Include pregnancy within 3 months of death)

Major findings: Of operations 548  
Of autopsy 548

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? \_\_\_\_\_

23. Signature Abraham K. Allebach, M.D. (M.D. or other) \_\_\_\_\_  
Address 2300 Holmes, K.C., Mo. Date signed 8-13-47

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**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 Chas E. Welles  
Licensed Embalmer No. 2644  
P. O. Address. KC. 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.**