

No. 304
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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

1212575

State File No.

Registrar's No.

1924

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days
(Specify whether)

In this community 23 YEARS
years, months or days

3. (a) PRINT FULL NAME LEON Marvin, Gary

3. (b) If veteran, No name war

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. BETTY L. GARY

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased: MARCH 17 1921
(Month) (Day) (Year)

8. AGE: Years 27 Months 1 Days 15

If less than one day hr. min.

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

10. Usual occupation PLASTERING CONTRACTOR

11. Industry or business FOR SELF

12. Name WILLIAM GARY

13. Birthplace DENVER COLORADO
(City, town, or county) (State or foreign country)

14. Maiden name NELLIE BEATTIE

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

16. (a) Informant MRS. BETTY L. GARY

(b) Address 5926 SPRUCE AVENUE

17. (a) BURIAL (b) Date thereof MAY 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

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

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 5-4-48 (b) Stearline Holmes
(Date received local registrar) (Registrar's signature)

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. 5926 Spruce
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2

year 1948 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from April 19 1948 to May 2 1948

that I last saw him alive on May 2 1948

and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis non epidemic

Duration

Due to Mastoiditis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 89 b

Of autopsy See above

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) (c) Means of injury

23. Signature W. W. Hart (M. D. or other)

Address Med. Dir. Gen'l Hosp. Date signed 5-3-48

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. K. e 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.