

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23489**
Registrar's No. **3294**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3294</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If inside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>35yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		48	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>2732 Troost</u>				d. STREET ADDRESS (If rural, give location) <u>2732 Troost 43 30</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Rose</u> c. (Last) <u>Leach</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27-1949</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Feb-5-1873</u>	
9. AGE (in years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Lucis Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Lucis Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>John Lane</u>			13b. MOTHER'S MAIDEN NAME <u>Mary - x -</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Leach</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Leach 2732 Troost</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>None</u>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Infarction</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Coronary Arteries</u>					
		DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>26 July, 1949</u> , to <u>27 July, 1949</u> , that I last saw the deceased alive on <u>27 July, 1949</u> , and that death occurred at <u>12:25</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Don Carlos Peete</u> (Degree or title) _____				23b. ADDRESS <u>1500 Prof. Bldg. Kemp</u>		23c. DATE SIGNED <u>27 July 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 29, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill</u>		24d. LOCATION (City, town, or county) (State) <u>N. C. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-29-49</u>		REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. P. Doehler 1415 E 15</u>			

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.

Signed AP Doshler.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1166 Mo

P. O. Address 1415 East 15-C

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.