

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33747

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4399

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>1 yr</b>		d. STREET ADDRESS (If rural, give location) <b>833 Scott</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>K.C. Convalescent Home</b>			
3. NAME OF DECEASED (Type or Print)	a. (First) <b>LEONARD</b>	b. (Middle) <b>U.</b>	c. (Last) <b>ASH</b>
4. DATE OF DEATH	(Month) <b>10</b>	(Day) <b>14</b>	(Year) <b>49</b>
5. SEX <b>Ma</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>4-10-1867</b>
9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 11 MIN. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Carlinville, Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Wm. W. Ash</b>	13b. MOTHER'S MAIDEN NAME <b>America Grumley</b>	14. NAME OF HUSBAND OR WIFE <b>Sadie Ash</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No XX</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Nellie Fetters, 3726 Olive KC Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, gen, sen.</b>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <b>Senility</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>45</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/1</u> , 19 <u>49</u> , to <u>10/14</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/13</u> , 19 <u>49</u> , and that death occurred at <u>2:55 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Paul E. Pearson</b>	(Degree) (Title) <b>MD</b>	23b. ADDRESS <b>1025 Rialto Bldg. N. C. Mo</b>	23c. DATE SIGNED <b>10/15/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-16-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Raymore Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Raymore Mo.</b>
DATE REC'D BY LOCAL REG. <b>10-15-49</b>	REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.W. Wagner N.C. Mo.</b>	

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

4838

11-47-51

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.