

FILED JAN 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1435

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - RR.#3 HICKMAN MILLS		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - RR.#3 HICKMAN MILLS 04110	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 96TH & RAYTOWN ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 96TH & RAYTOWN ROAD			

3. NAME OF DECEASED (Type or Print)	a. (First) LESLIE	b. (Middle) EDGAR	c. (Last) JAMES	4. DATE OF DEATH (Month) (Day) (Year) JAN 17-1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH AUG-2-1870	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 11 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work now, during most of work life, and if retired) MERCHANT-GROGER	10b. KIND OF BUSINESS OR INDUSTRY 3137 CHARLOTTE ST. KANSAS CITY, MO.	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JACOB W. JAMES	13b. MOTHER'S MAIDEN NAME ELIZABETH NOBLE	14. NAME OF HUSBAND OR WIFE MRS. ELIZABETH L. JAMES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. ELIZABETH L. JAMES	ADDRESS 96TH & RAYTOWN RD
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 d
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Concussion		2 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Sclerosis DUE TO (c) Senility		5 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. He became comatose after he fell and developed urinary tract infection.		2 hrs.	
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) 332X F
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-13-51**, 19**51**, to **1-17-51**, that I last saw the deceased alive on **1-17-51**, 19**51**, and that death occurred at **7 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. Jackson M.D.	23b. ADDRESS Raytown Mo	23c. DATE SIGNED 1-17-51
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE JAN 20 1951	24c. NAME OF CEMETERY OR CREMATORY MT MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 1/18/51	REGISTRAR'S SIGNATURE Dr. Anne B. Hedges	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 23 RECD

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

Doyle Daniel

Licensed Embalmer No. 4702

P. O. Address Farmington City, N.H.

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.