REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 399

24182
Do not use this space.

1. PLACE OF DEATH
(a) County: JACKSON
(b) Township: KAW
(c) City: KANSAS City
Registration District No.: 1002
Primary Registration District No.:
Registered No.: 2687
(d) Street No.: ST JOSEPH HOSP. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: IRA D. LEFFLER
(a) Residence, No.: 4138 CHESTNUT St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: OLGA LEFFLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 3 - 1888

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
49	7	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: SALES MANAGER
9. Industry or business in which work was done, as saw mill, bank, etc.: GLASGOW ELECT. CO.
10. Date deceased last worked at this occupation (month and year): JUNE 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ELIZABETH INDIANA

FATHER
13. NAME: HENRY E. LEFFLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANTOWN PENN.

MOTHER
15. MAIDEN NAME: JOSEPHINE LA DOUKE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): MRS. OLGA LEFFLER 4138 CHESTNUT

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEMORIAL PARK DATE: JULY 5, 1938

19. FUNERAL DIRECTOR (NAME): D.W. NEWCOMER'S SONS
(ADDRESS): BRUSHCREEK & PASEO

20. FILED: 7-5, 1938 M. M. Crowe, asst. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JULY 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1938, to 7/2, 1938
I last saw him alive on 7/2, 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	
121	

Other contributory causes of importance:
General peritonitis
& toxemia

Name of operation: Appendectomy & Drainage Date of: 7/27/38
What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) J. H. Grayden, M. D.
(Address) 1103 Grand K.C. Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Licensed Embalmer's Statement on Reverse Side)

1324 Pref. U12200

12:30 - 4:30

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 Nell Carr

Licensed Embalmer No. 3976

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.