

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 307

1. PLACE OF DEATH

(a) County Jackson Boone Mo
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1503 Northern Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 1503 Northern
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Amos B Leininger

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male Color White 6. (a) Single, widowed, married Married
6. (b) Name of husband or wife Matilda C. Leininger 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept 20 - 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Reading Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Book Binder

11. Industry or business Irving Bldg. Mfg Co

12. Name William Leininger

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

14. Maiden name Mary Boscher

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

16. (a) Informant Mrs Matilda Leininger

(b) Address 1503 Northern Blvd

17. (a) Bursa (Burial, cremation, or removal) (b) Date thereof 12/14/40
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington

18. (a) Signature of funeral director George C. Gibson

(b) Address Independence Mo

19. (a) Dec 13 1940 (b) H. C. Cook and
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 11
year 1940 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Nov 10, 1940 to Dec 11, 1940
that I last saw him alive on Dec 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart 3 days
with compensation

Due to mitral insufficiency
and chronic myocarditis unknown

Due to _____

Other conditions age
(include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy none

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?
360
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. N. Hill, M.D. (M. D. or other) J
Address 1438 Hadley Ave Independence Mo Date signed 12/12/40

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

MOTHER FATHER

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.