

No. 2
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17-39
X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1082**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **42**

1. PLACE OF DEATH: **JACKSON**
 (a) County **JACKSON**
 (b) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **TATE NURSING HOME**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 MONTHS 3**
 In this community **37 YEARS** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **JACKSON**
 (c) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **321 HUNTINGTON RD**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **37** years.

3. (a) PRINT FULL NAME **LIBA LEICHTER**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **JANUARY** day **3**
 year **1941** hour **11** minute **30 P.M.**

4. Sex **F** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **WIDOW**
 (b) Name of husband or wife **MORRIS LEICHTER**
 (c) Age of husband or wife if alive **DON'T KNOW** years
 7. Birth date of deceased **DON'T KNOW**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept.** 19**40** to **JAN.** 19**41**;
 that I last saw h. **ex.** alive on **JAN. 3** 19**41**;
 and that death occurred on the date and hour stated above.

8. AGE: Years **80** Months Days If less than one day
 hr. min.

Immediate cause of death **Bronchopneumonia** Duration **3 days**
 Due to **Senility**
 Due to **1076-**

9. Birthplace **RUSSIA**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **HOUSE WIFE**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
 12. Name **DON'T KNOW**
 13. Birthplace **RUSSIA**
 (City, town, or county) (State or foreign country)
 14. Maiden name **DON'T KNOW**
 15. Birthplace **RUSSIA**
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant **DR. RUBEN LEICHTER**
 (b) Address **321 HUNTINGTON RD**
 17. (a) **BURIAL** (b) Date thereof **1 5 41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **SHEFFIELD CEMETERY**

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?

18. (a) Signature of funeral director **CARROLL - DAVIDSON**
 (b) Address **3024 TROOST**
 19. (a) **Jan 5, 1941** (b) **M. M. Brown**
 (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury **0**
 23. Signature **Harry B. Loken** (M. D. or other) **MD**
 Address **318 Apple Bldg** Date signed **1-4-41**

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. Mason Lyons*
.....
Licensed Embalmer No. *4188*

P. O. Address *3024 TROOST*

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.