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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 5950

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 722

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

1. PLACE OF DEATH:
(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: 807 West 63rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 71 years

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. 807 West 63rd St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Emma Kast
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Fred J. Kast
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 8 (Day) 1870 (Year)

8. AGE: Years 71 Months 0 Days 10 If less than one day hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Henry P. Leng
13. Birthplace Alsace (City, town, or county) Lorraine (State or foreign country)
MOTHER
14. Maiden name Mary Gunther
15. Birthplace Alsace, (City, town, or county) Lorraine (State or foreign country)
16. (a) Informant Mrs. Clarence A. McGuire
(b) Address 807 West 63rd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd St.
19. (a) 2/18/41 (Date received local registrar) (b) M. M. Orme (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year 1941 hour 4 minute 45 A. M.
21. I hereby certify that I attended the deceased from Dec. 3, 1940, to Feb. 18, 1941; that I last saw her alive on Feb. 16, 1941; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Respiratory paralysis | |
| Due to Cerebral atherosclerosis | |
| Due to 47 | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations 47 | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature B. Lane Ellis (M. D. or other)
Address 1418 Professional Bldg. Date signed 2-18-41.

(Licensed Embalmer's Statement on Reverse Side)

## 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 wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**