

7-2
3-40
7-39
C23159

MAR 14 1941

Registration District No. **198**

Primary Registration District No. **3011**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mitchell Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 46 days
(Specify whether years, months or days)
In this community 1 mo - 16 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Marshall
(c) City or town Waterville
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location) 1
(e) If foreign born, how long in U. S. A? 1 years.

3. (a) PRINT FULL NAME RUTH ILENE LEIBER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Jess C. Leiber 6. (c) Age of husband or wife if alive 34 years
Birth date of deceased April 17 - 1910
(Month) (Day) (Year)

8. AGE: Years 30 Months 10 Days 1 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business Restaurant owner

12. Name Milo Martin

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

14. Maiden name Unknown
15. Birthplace unknown / Michigan
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Danigan

(b) Address Waterville, Kansas

17. (a) Removal (b) Date thereof Feb 18 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waterville, Kan.

18. (a) Signature of funeral director Herbert Hope
(b) Address Excelsior Springs
19. (a) Feb 19 - 1941 (b) Mabel W. Craschen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1941 hour 5:46 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 1941, to Feb 18 1941;
that I last saw her alive on 2-18-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism - 5 days
Due to Infarctive Endocarditis - 5 years
(chronic)
Due to 1
Other conditions Cerebral
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations
Of autopsy

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?
While at work? (Specify type of place) (e) Means of injury
23. Signature [Signature] (M. D. or other)
Address Excelsior Springs, Mo Date signed 2-18-41

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.....

Scott W. Hackensmith

Licensed Embalmer No. *3597*

P. O. Address. *Excelsior Spring*

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.