

APR 21 1941

Registration District No. 399

Primary Registration District No. 1002

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years (Specify whether
In this community 2 1/2 years 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. 1511 Central (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME PERCY C. LEFFLER

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora Leffler 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Dec. 11, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Todds Point, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business _____

12. Name Joseph H. Leffler

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

14. Maiden name Rachael Walborn

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

16. (a) Informant Mrs. Nora Leffler

(b) Address 1511 Central

17. (a) Burial (b) Date thereof Mar. 30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallitan, Missouri

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2532 Monitor Place K.C., Mo.

19. (a) 3/30/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month March day 27th
year 1941 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3-27-41, 19____ to 3-27-41, 19____;
that I last saw him alive on 3-27-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Right lower lobar pneumonia
Due to _____
Due to _____

Other conditions Bilateral acute pulmonary edema
(Include pregnancy within 3 months of death)

and congestion

Major findings:
Of operations _____
Of autopsy See above

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 0

23. Signature Dr. R. Thorn (M. D. or other) K.C. Mo.
Address Med. Dir./K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1000

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.....

Blaine E. Wilent

Licensed Embalmer No. *4075*

P. O. Address. *2332 Monitor Pl*

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.