

FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13493
1474
Registrar's No.

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: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 42 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Leona De Boever

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

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

6. (b) Name of husband or wife Mr. Camiel De Boever 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased December 6 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 7 hr. _____ min.

9. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

12. Name Desere Brunnell

13. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

14. Maiden name Rosalie Deblaere

15. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Camiel De Boever

(b) Address Topping & Gardner, K.C.Mo.

17. (a) Burial (b) Date thereof 4/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Saint Mary's Cem.

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

(b) Address Kansas City, Kansas

19. (a) April 4 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 49
(c) City or town Kansas 3
(If outside city or town limits, write "RURAL")
(d) Street No. Topping and Gardner St. 8
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 42 years 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13 day April
year 1941 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from March 10 1941 to April 13 1941;

that I last saw her alive on 4-13 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis with Cerebral embolus a cellulosa 4 wks 1 day
Due to myocardium from fungus of lesion.
Due to Diabetes Mell !!

Other conditions (Include pregnancy within 3 months of death) 6/1

Major findings: Of operations 6/1

Of autopsy As 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 Hubert M. Walker (M. D. or other) MD
Address 736 Argyle Date signed 4-13-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
3
8

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.....

W. Ross Blanford

Licensed Embalmer No. *4015*

P. O. Address *41 + State Line*

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.