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4-41
7-39
X26330

FILED NOV 13 1941

Registration District No. 299

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: 2630 Lockridge K.C. Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs (Specify whether
In this community 30 yrs years, months or days)

3. (a) PRINT FULL NAME Mary Leschke
3. (b) If veteran, name war _____ 3. (c) Social Security No. 70

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 18 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months - Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name _____

13. Birthplace no record available (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace no record available (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jennie Hunter
(b) Address Chicago Ill.

17. (a) Burial (b) Date thereof Oct 8-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Harry Butler
(b) Address 1018 South 18th St K.C. Mo

19. (a) 10/8/41 (b) M. N. Crowe (Date received local registrar) (Registrar's signature)

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. 2630 Lockridge (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5th
year 1941 hour 7.30 minute P M.

21. I hereby certify that I attended the deceased from 9-22 1941 to 10-5 1941;
that I last saw her alive on 10-5 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Asthma

Due to Age

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____

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

23. Signature Amy E Brown (M. D. or other) 0
Address 2637 SE 29 Date signed 10-7-41

Amy Brown 2637 E 29

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

MOTHER FATHER

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.....

Paul Bell

Licensed Embalmer No. *Ms 3426*

P. O. Address. *Kansas City Kan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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