

No. 2  
4-13-40  
5-17-39  
DI X23158

Registration District No. **397**

Primary Registration District No. **100**

Registrar's No. **4444**

48  
2963  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
817 Newton, K.C.Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution -- (Specify whether  
In this community 38 years years, months or days)

3. (a) PRINT FULL NAME John G. Leibrecht

3. (b) If veteran, name war ----

3. (c) Social Security No. 707-10-0093

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Georgia Leibrecht

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 30th 1880  
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 0 If less than one day hr. min.

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

10. Usual occupation Conductor

11. Industry or business Milwaukee Railroad Co.

MOTHER FATHER { 12. Name Anthony Leibrecht

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

14. Maiden name Victoria Slight

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

16. (a) Informant Mrs. Georgia Leibrecht

(b) Address 817 Newton, K.C.Mo.

17. (a) Burial (b) Date thereof Dec. 2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cemetery

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

(b) Address 6606 Indep. Ave. K.C.Mo.

19. (a) 12/1/41 (b) M. J. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **048**

(c) City or town Kansas City, Mo. **8**  
(If outside city or town limits, write "RURAL")

(d) Street No. 817 Newton (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30th year 1941 hour 1:20 minute A.M.

21. I hereby certify that I attended the deceased from Nov. 11, 1941 to Nov. 29, 1941 that I last saw him alive on Nov. 29, 1941 and that death occurred on the date and hour stated above

Immediate cause of death acute dilatation of heart Duration acute

Due to Sub-acute Endocarditis 2 mo

Due to Arterio Sclerosis 4 years

Other conditions (Include pregnancy within 3 months of death) 91 B

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 J. J. Cunnelly Under-Signatory (M. D. or other) \_\_\_\_\_

Address 6500 Indep. Ave. Date signed 12-1-41

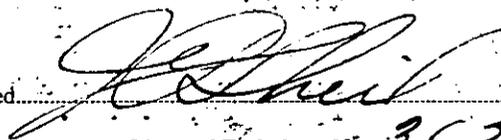
**STATEMENT BY LICENSED EMBALMER**

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. 3625

P. O. Address.....

**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.**