

FILED OCT 20 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3512

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

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: 1531 Prospect
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6.5 yrs 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. 1531 Prospect
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Lenora Leppert

3. (b) If veteran, name war _____

3. (c) Social Security No. none

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

6. (b) Name of husband or wife John Leppert
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 10 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Abner McQuery

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

14. Maiden name Sarah Bryant

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

16. (a) Informant Frank Righthizer
(b) Address 1531 Prospect

17. (a) Burial (b) Date thereof Oct-1-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. R. Foster
(b) Address 918 Brooklyn

19. (a) 10-1-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1942 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 15, 1942, to Sept 28, 1942
that I last saw her alive on Sept 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Chronic Mitral Regurgitation Duration _____

Due to Focal Infection 131A

Due to _____
Other conditions Chronic distal hepatitis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____
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 Alfred Dugay (M. D. or other) _____
Address 1401 Prospect Date signed 9-29-42

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 me
....., Registered Apprentice No.
..... working under my personal supervision.

Signed

C. H. West

Licensed Embalmer No.

2570

P. O. Address

Kansas City

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.

M. D. Gregory