

FILED NOV 2 1942

42

Registration District No.

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
2819 S. 18th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 2819 S. 18th St.
(e) Citizen of foreign country? No.
If yes, name country

3. (a) PRINT FULL NAME Bonnie Jean Leffler

3. (b) If veteran, name war None
3. (c) Social Security No. None

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

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

7. Birth date of deceased Sept. 28 1942
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 26
If less than one day hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

MOTHER FATHER {
12. Name Martin Henry Leffler
13. Birthplace St. Joseph Missouri
14. Maiden name Dorothy Shell
15. Birthplace St. Joseph Missouri

16. (a) Informant Martin H. Leffler
(b) Address 2819 S. 18th Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Oct. 26, 1942
(c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Herman W. Sidiafaden
(b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) 10-26-42 (b) Rae Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 24 day 24th
year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10/22 1942 to 10/24 1942
that I last saw her alive on 10/24 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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?
(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 W. H. Morris (M. D. or other)
Address 309 1/2 N. 5th St. St. Joseph, Mo. Date signed

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10-25-42

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

Signed..... *Albert E. Harrington*

Licensed Embalmer No..... 3258

P. O. Address..... St. Joseph, Mo.

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.