

FILED FEB 10 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5568

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

48  
0  
0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Indep. Mo. 13<sup>th</sup> and Juno

(c) Name of hospital or institution:  
Black and Cable Convalescent Home

(d) Length of stay: In hospital or institution 16 Days

In this community 12 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Indep. Mo.

(d) Street No. 9815 E. 16th St., Rural

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LILLIE MAUDE LEIGHTY

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe.

5. Color or race White

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

6. (b) Name of husband or wife Arthur

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

7. Birth date of deceased Jan. 15, 1864

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>0</u>	<u>2</u>	hr. _____ min.

9. Birthplace Missouri

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER

12. Name GEO. S. WRIGHT

13. Birthplace Unknown

14. Maiden name Sarah Ann Unknown

15. Birthplace Unknown

16. (a) Informant Edw. L. Leighty

(b) Address Route 3, Kansas City, Mo.

17. (a) (b) Date thereof Jan. 29, 1943

(c) Place: burial or cremation St. Joseph Missouri

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address 2025 Indep. Blvd. Kansas City,

19. (a) 1-28-1943 (b) J. M. [Signature]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27

year 1943 hour 12 minute Noon M.

I hereby certify that I attended the deceased from Jan. 11, 1943 to Jan. 27, 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 1/10/43

Due to Cerebral Arteriosclerosis

Due to X

Other conditions (Include pregnancy within 3 months of death) 83A

PHYSICIAN

Major findings: Of operations X

Of autopsy X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(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? \_\_\_\_\_

23. Signature [Signature] (M.D. or other) Mo.

Address Independence Mo Date signed 1/28/43

**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..... *H. D. Blackman* .....  
Licensed Embalmer No..... *3639* .....  
P. O. Address..... *R. C. M.* .....

**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.**