S. No. 2
0M—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13273

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1840

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Month (Specify whether

In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 1407 Colorado Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------- 0

3. (a) PRINT FULL NAME Mrs. Ruth Becker Leeds

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 Widowed 2

6. (b) Name of husband or wife Mr. Fred F. Leeds

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

7. Birth date of deceased 12 (Month) 20 (Day) 1878 (Year)

8. AGE: Years 64 ~~63~~ Months 3 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Mason City (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business -------

FATHER
12. Name James M. Becker
13. Birthplace (City, town, or county) Pa. (State or foreign country) 1

MOTHER
14. Maiden name Ellen Cummings
15. Birthplace (City, town, or county) Vt. (State or foreign country) 1

16. (a) Informant Mr. Leon L. Leeds

(b) Address Washington, D.C.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-18-43 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th year 1943 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 18, 1943, to April 14, 1943; that I last saw her alive on April 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: open reduction fracture of R hip

Of autopsy

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) fracture R Hip

(b) Date of occurrence 3/4-43 1943

(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Ralph E. Mueller (M. D. or other) M.D.

Address 600 Prof Bldg Date signed 4/16/43

(Licensed Embalmer's Statement on Reverse Side)

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. C. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address. K.C. 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.