

FILED JUL 8 1948
149

Registration District No. _____ Primary Registration District No. 1602

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:
1623 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether years, months or days)

In this community... Since 1922
(Specify whether 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. 1623 Wabash
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country... 1

3. (a) PRINT FULL NAME Mrs. Ida Leutzinger

3. (b) If veteran, name war XX

3. (c) Social Security No. NO

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife... Jacob Leutzinger

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

7. Birth date of deceased... October 16 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 4

If less than one day _____ hr. _____ min.

9. Birthplace Zurich Switzerland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Jacob Landis

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

14. Maiden name No Record

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

16. (a) Informant Mrs. Marganrite Evans

(b) Address 1623 Wabash

17. (a) Removal (b) Date thereof 6-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark

18. (a) Signature of funeral director J W Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 6-22-43 (b) P. E. Brown
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1948 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from July one
June 20 1948 to 12 20 1948
that I last saw her alive on June 20 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocardial Infarction

Due to Senility - 9/2/48

Due to Had a slight fall June 19 4 PM
and struck rather hard which
produced to cause a slight shock.
No evidence of fracture or injury

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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) See above

(b) Date of occurrence 6-19-48

(c) Where did injury occur? K.C. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
House

While at work? no (Specify type of place) Part balance
(e) Means of injury _____

23. Signature P. E. Brown (M. D. or _____)
Address 11232 Prof. Bldg Date signed 6-21-48

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

*Professional
11-40-22*

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..... *A. R. Hunschell*

Licensed Embalmer No. *4159*

P. O. Address: *Stevens City 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.