

FILED AUG 13 1943
Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 90

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Lees Summit
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 24 East 73rd
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether)
years, months or days 8 yrs

3. (a) PRINT FULL NAME Sadie Leeper

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married 2 divorced Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April 14 - 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Housewife

12. Name _____ 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name _____ 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records of New Home

(b) Address Lees Summit, Mo.

17. (a) Burial (b) Date thereof 7-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn 132 Mo.

18. (a) Signature of funeral director W.B. Langford

(b) Address Lees Summit, Mo.

19. (a) July 16, 1943 (b) W. H. Schickel (c) W. H. Schickel
(Date received local registrar) (Registrar's name) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Lees Summit
(If outside city or town limits, write "RURAL")

(d) Street No. 24 East 73rd
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th
year 1943 hour 5:00 minute 9 A.M.

21. I hereby certify that I attended the deceased from July 14 1943 July 14 1943
that I last saw her alive on July 14 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Chr. myocarditis

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: 93d
Of operations _____

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) _____

(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 Philip J. Jones 0 (M. D. or other)
Address Lees Summit, Mo. Date signed 7/15/43

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.....

W. O. Langford

Licensed Embalmer No.....

3833

P. O. Address.....

215 Summit

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.