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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 3/1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1531

Registration District No. 3/1944 Primary Registration District No. 1002 Registrar's No. 226

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 15 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town 3Kansas City, Terrace, 2
(If outside city or town limits, write "RURAL") 6
(d) Street No. 35 East 68th Terrace,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Lewis F. Leathers,
3. (b) If veteran, name war no.
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife Ruth Leathers,
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April (Month) 18 (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	8	27	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Manufacturing Agent
11. Industry or business x

FATHER
12. Name Lewis Preston Leathers
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Nancy D. Hocker
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Ruth Leathers,
(b) Address 35 E. 68th Ter., Kansas City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-15-44 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.
19. (a) Jan 15, 1944 (Date received local registrar) (b) T E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14th year 1944 hour 11:45 minute a. M.
21. I hereby certify that I attended the deceased from 1/12, 1944, to 1/14, 1944 that I last saw him alive on 1/14, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis c̄ Pericardial Hemorrhage — Duration 2 Days

Due to 94a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Coronary thrombosis c̄ Pericardial Hemorrhage

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature James D. Smith (M. D. or other)
Address 318 Craft Bldg. K.C. Mo. Date signed 1/14/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. D. Smith

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 John H. Hurley

Licensed Embalmer No. 4050

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.