

FILED APR 6 1944

State File No. \_\_\_\_\_

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1287

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

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: 307 N. White  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 45 years  
years, months or days

3. (a) PRINT FULL NAME MITTIE LEAP  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Andrew J.  
 6. (c) Age of husband or wife if alive 74 years  
 7. Birth date of deceased Feb. 20, 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 0 29 hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER {  
 12. Name J. E. McCormack  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Gen. Leap  
 (b) Address 104 S. White

17. (a) Burial (b) Date thereof 3-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son.  
 (b) Address Kansas City, Mo.

19. (a) 3-22-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson 48  
 (c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
 (d) Street No. 307 N. White  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
 year 1944 hour 9 minute 1 A.M.

21. I hereby certify that I attended the deceased from Mar. 18, 1944, to Mar. 19, 1944  
 that I last saw her alive on Mar. 18, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolus 1 hr  
 Due to arteriosclerosis 5 yrs.

Due to \_\_\_\_\_  
 Other conditions 94a  
(Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

23. Signature J. J. Possik (M. D. or other) DO  
 Address 5962 St. John Date signed 3/21/44

**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. D. Blackman*

Licensed Embalmer No.....

*3639*

P. O. Address.....

*A. 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.**