

FILED JUN 3 1944

Registration District No. _____

Primary Registration District No. **1002**

Registrar's No. **2252**

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:
in Mo. River 3rd & B Bridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1904 W 36 KCK
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME JOHN LAFEVER

3. (b) If veteran, name war NO 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Barbara Lefever 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 14 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation Baggage & Mail Handler

11. Industry or business KC Terminal

12. Name John Lefever

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

14. Maiden name Stuen Kennedy

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

16. (a) Informant Mrs Barbara Lefever

(b) Address 1904 W 36 - KCK

17. (a) Burial (b) Date thereof 5-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Peter B Loggnum

(b) Address KCMO P. C. Brown

19. (a) 5-25-44 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 10 1944
year _____ hour _____ minute P M.

21. I hereby certify that I attended the deceased from _____, 19____;
Prone
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior and posterior
of the scap.
Due to fracture of the scap.
operation of fracture lines of scap
Due to Shooting 183-3
Other conditions (Include pregnancy within 3 months of death) 36

Major findings: Of operations _____
Of autopsy Autopsy

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) Do not know
(b) Date of occurrence 4/10/44
(c) Where did injury occur? Kansas City (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Do not know
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature OPETA 3 (M. D. or A.S.)
Address Law Date signed 5/29/44

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

MOTHER FATHER

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: *Steve B. Lugetson*

Licensed Embalmer No.....

P. O. Address.....

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.