. S. No. 2
OM—5-42
ev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23784

State File No.

FILED AUG 14 1944

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 3205

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:
4301 GARFIELD ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4301 GARFIELD ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS JULIA ANN KNAPP LEBRETON

3. (b) If veteran, name war no.

3. (c) Social Security No. None

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HENRY LE BRETON

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

7. Birth date of deceased FEBRUARY (Month) 20 (Day) 1860 (Year)

8. AGE: Years 84 Months 5 Days 14 If less than one day ___ hr. ___ min.

9. Birthplace ST LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name LEGER N. MOTTIN
13. Birthplace (City, town, or county) FRANCE (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) " (State or foreign country)

16. (a) Informant Louis J. Knapp
(b) Address 4301 Garfield

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Aug (Month) 4 (Day) 1944 (Year)
(c) Place: burial or cremation LEAVENWORTH KANS

18. (a) Signature of funeral director JAMES C. DAVIS UNDCO
(b) Address LEAVENWORTH KANS. C.E. Moulder

19. (a) 8-5-44 (Date received local registrar) (b) T.E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. Six day 4th. year 1944 hour minute 52. P M.

21. I hereby certify that I attended the deceased from July 10 Aug 4, 1944, to ___, 19___;
that I last saw her alive on Aug 4 1944, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 3 days Interstitial nephritis

Due to Arterio sclerosis.

Due to

Other conditions 131 a
(Include pregnancy within 3 months of death)

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)
(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 C. E. Stump MD (M. D. or other)
Address 1102 E. 43 St. Date signed 8/14/44

(Licensed Embalmer's Statement on Reverse Side)

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 Florence E. Moulden, Registered Apprentice No. ....., working under my personal supervision.

Signed Florence E. Moulden

Licensed Embalmer No. Kans 2015

P. O. Address Leavenworth, Kans.

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.