

FILED NOV 13 1944

4237

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Osteopathic Hospital Harris  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution two days  
 (Specify whether in hospital or institution)  
 In this community 2 days 30 yrs.  
 (Specify whether in community or elsewhere)

3. (a) PRINT FULL NAME Katherine Smith Leble

3. (b) If veteran, name war World War I No. 92-28-7210  
 3. (c) Social Security No. 492-28-7210

4. Sex F | 5. Color or race W  
 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Edward  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 17, 1886  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 9 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Line County Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name Ivan Carter

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

14. Maiden name Ellis

15. Birthplace St. Joseph Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. B. Kearns  
 (b) Address Twin Falls, Idaho

17. (a) Removal (b) Date thereof Oct. 23, 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salina, Kansas

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

19. (a) Oct 23 1944 (b) J. E. Brown  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City 49  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1827 Monroe 3  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day Wednesday 18th  
 year 1944 hour seven minute 22 P. M.

21. I hereby certify that I attended the deceased from about  
January 1935, to Oct. 18th 1944  
 that I last saw her alive on Oct. 18th 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Gross adenoma of lungs 4 weeks  
following lymphatic leukemia  
 Due to Infection following removal  
of all lower teeth (perforated)  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death) 30y

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Edema of lungs enlarged -  
marked pleu arterio of aorta lines  
 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? \_\_\_\_\_

1C. While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 2  
 Signature Rose Mc Grath (M. D. or Other) \_\_\_\_\_  
 Address 364 1/2 West Date signed 10-19-44

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 J. H. Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. Mo

**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.**