

FILED NOV 8 1944

State File No. _____

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 142

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Balls Health School & Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 Days
In this community 28 Days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Ellsworth
(c) City or town Ellsworth
(If outside city or town limits, write "RURAL")
(d) Street No. No Street Address
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ##### a

3. (a) PRINT FULL NAME Edward Geo. Lessig

(b) If veteran, name war: None (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Amelia Lessig 6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: Sept 7 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months I Days II If less than one day hr. min.

9. Birthplace: ##### Penn
(City, town, or county) (State or foreign country)

10. Usual occupation: Carpenter

11. Industry or business: _____

MOTHER FATHER { 12. Name Unknown
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: Mrs Faye Lessig
(b) Address: 3227 E. 9th Str. Kansas City MO

17. (a) Removal (b) Date thereof: 10-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Ellsworth Kansas

18. (a) Signature of funeral director: Herbert Hope

(b) Address: Excelsior Springs Missouri

19. (a) 10-19-44 (b) Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18th year 1944 hour 3 minute 0 P.M.

21. I hereby certify that I attended the deceased from Sept 22, 1944, to Oct 18th, 1944, that I last saw him alive on Oct 18th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia

Due to: Calcified Prostate with Hypertrophy.

Other conditions: 137a
(Include pregnancy within 3 months of death)

Major findings: no operations
Of operations: _____
Of autopsy: none

Duration: 3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify): _____

(d) Date of occurrence: _____

(e) Where did injury occur? _____
(City or town) (County) (State)

(f) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury: 0

23. Signature: W. B. Perriault M.D. (M. D. or other) _____
Address: Excelsior Springs, Mo Date signed: 10/18/44

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

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RECEIVED

District Health Officer No. 8,

File Number

11-6-47

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

Jas G Moles

Licensed Embalmer No.

3296.

P. O. Address

Ex Springs MS

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.