

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 823

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 DAYS
In this community 28 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. RR #3, LEES SUMMIT
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. RUSSELL LEE KIEFFER
(b) If veteran, name war No
(c) Social Security No. 499-10-7102

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB. day 19TH
year 1945 hour 5 minute 40 A. M.

4. Sex MALE Color or race WHITE
5. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. RUTH E. KIEFFER
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased APRIL 4 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19 1945 to Feb 19 1945
that I last saw him alive on Feb 18 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 10 Days 15
If less than one day hr. _____ min. _____

Immediate cause of death Lympho-sarcoma of pulmonary metastases
Duration 1 year

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

Due to _____
Due to 552

10. Usual occupation CLOTHING CUTTER

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business COWDEN MANUFACTURING CO.

Major findings: Of operations see specimen

12. Name JOHN KIEFFER

Of autopsy same as above

13. Birthplace JOHNSON COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name DELLA MAY LONG

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

16. (a) Informant Miss Ruth Kieffer
(b) Address Route No 3 Lees Summit Mo

17. (a) BURIAL (b) Date thereof FEB 21 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 2-20-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Robert Walcott (M. D. or other)

Address 1124 Professional Bldg Date signed 2/19/45

1124 Professional Bldg
10:30-4

APR 20 1945

MAR 20 1945

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K C Ma

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.