

S. No. 2  
FORM-5-43  
REV. 5-17-39  
X 36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 11 1945**  
Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **15935**  
Registrar's No. **2315**

Primary Registration District No. 1002

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:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
25 Years (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Edwin Everett Leeper

3. (b) If veteran, name war No

3. (c) Social Security No. 510-05-1712

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Gertrude Leeper

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased 9 27 1907  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>37</u>	<u>8</u>	<u>0</u>	hr. min.

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

10. Usual occupation Art Glass Worker

11. Industry or business Hopcraft Pringle Co

12. Name James Edwin Leeper

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

14. Maiden name Rosetta White

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

16. (a) Informant Mrs. Gertrude Leeper

(b) Address 2044 Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-29-1945  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 5-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 2044 Spruce  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 27th.  
year 1945 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 3/2/45, 19, to 5/27/45, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis peritonitis

Due to Pulmonary and Miliary Tuberculosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 13 lb

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

23. Signature C. J. Seth (Specify type of place) (M. D. or other) M.D.  
Address 1109 Prof Baldy Row date signed 5/29/45

(Licensed Embalmer's Statement on Reverse Side)

Mr. E. G. ...  
1109 Buff Blk  
1-109  
1-B-

**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 Conrad Menor  
Licensed Embalmer No. 3414  
P. O. Address 918 Brooklyn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Signature to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.