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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20531

State File No.

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Road
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 11521 Winner Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 44

(c) City or town ~~Independence~~ Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 11521 Winner Road
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emil C.Lefman

3. (b) If veteran, name war World War I

3. (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 Ethelynn Lefman

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July (Month) 30 (Day) 1871 (Year)

8. AGE: Years 53 | Months 9 | Days 4 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Salesman and Broker

11. Industry or business

FATHER
12. Name Frederick Lefman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Kampe
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs.Ethelynn Lefman
(b) Address 11521 Winner Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 6 (Day) 1945 (Year)
(c) Place: burial or cremation Higginsville Cemetery

18. (a) Signature of funeral director George C.Carson Funeral Home
(b) Address Independence Missouri

19. (a) 5-5-1945 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1945 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 4, 1945, to May 3rd, 1945; that I last saw him alive on April 17th, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Coronary Arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: Sudden Death

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 Chas. L. Grabske (M. D. or other)

Address Independence Mo Date signed 5/5/45

1163

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1946

JUL 9 1946

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 Floyd E. Larson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.