V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29766

FILED OCT 13 1945

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 4057

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. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 2 WEEKS (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

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

(d) Street No. 3601 CLEVELAND AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country --

3. (a) PRINT FULL NAME MRS NELLIE M. LEER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. CHARLES B. LEER

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased SEPTEMBER 2 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	0	29	hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business --

FATHER
12. Name JOHN E. LOFTIN
13. Birthplace DAVISON COUNTY (City, town, or county) NORTH CAROLINA (State or foreign country)

MOTHER
14. Maiden name SARAH LEE WARD
15. Birthplace DAVISON COUNTY (City, town, or county) NORTH CAROLINA (State or foreign country)

16. (a) Informant MR. CHARLES B. LEER

(b) Address 3601 CLEVELAND AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-3-1945 (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-2-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 1 ST year 1945 hour 12 minute 55A M.

21. I hereby certify that I attended the deceased from May 14, 1945, to Oct 1, 1945 that I last saw her alive on September 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the head of the pancreas & regional metastasis & metastasis of the liver & mediastinum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 469

Of autopsy as above

Duration

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 Nicolas Jaime (M. D. ~~or other~~)

Address 2045 Broadway Date signed Oct 1/45

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.