S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41764

FILED JAN 2 1948

Registration District No. 49 Primary Registration District No. 1002 Registrar's No. 5276

1. PLACE OF DEATH:
(a) County: Jackson County
(b) City or town: Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 E 66th Street. Home - 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: Home 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No.: 3 E 66th Street 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: Emma Lebrecht
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Fe 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Isaac Lebrecht
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 21 (Day) 1865 (Year)

8. AGE: Years 82 Months 8 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: Hirsch Offenheimer 4
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Dont Know
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Julius Lebrecht
(b) Address: 3 E. 66th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/16/47 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Elmwood Cemetary
18. (a) Signature of funeral director: Carroll Davidson
(b) Address: 3024 Troost Ave. K.C. Mo
19. (a) 12-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 14th year: 1947 hour: 11 00 minute: P. M.
21. I hereby certify that I attended the deceased from: May 24, 1947 to: Dec 14, 1947 that I last saw her alive on: Dec 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcoma of bladder — Duration: ?
Due to:
Due to: 52 y
Other conditions (include pregnancy within 3 months of death):
Major findings: Of operations: Tumor of bladder
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0
23. Signature: J. Bellermann (M. D. or other)
Address: 720 Bryant Bldg. K.C. Mo. Date signed: 12-15-47

Jefferson City Printing Co. (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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address Kansas City, 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.