No. 300
—10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26431
3353

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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~~: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 DAYS (Specify whether
In this community 3 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 1-8
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4505 WORNALL ROAD 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country --

3. (a) PRINT FULL NAME RAYMOND GRANT LEAVITT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife --

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

7. Birth date of deceased AUGUST 13 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

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

10. Usual occupation INFANT

11. Industry or business --

FATHER
12. Name JOE G. LEAVITT
13. Birthplace CONWAY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name BERTIE BELL FARMER
15. Birthplace POMONA (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Joe G. Leavitt
(b) Address 4505 Wornall Rd.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG-17-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 8-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 16TH year 1948 hour 1 minute 20A M.

21. I hereby certify that I attended the deceased from Aug 13 to 1948, to Aug 16, 1948, that I last saw him alive on 8/15/48, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 1. Atelectasis, bilateral, pulmonary.

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Yes same.

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 [signature] (M. D. or other)
Address 1025 Pialto Bldg K.C. Mo Date signed 8/16/48

(Licensed Embalmer's Statement on Reverse Side)

1025 Pratts Bldg.
1-

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.