

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15991
State File No.
Registrar's No. **1912**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (If in this place) 51 Years			
d. FULL NAME OF HOSPITAL OR INSTITUTION Trinity Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 4543 Chestnut	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR	b. (Middle) A.	c. (Last) LEHMAN.	4. DATE OF DEATH (Month) (Day) (Year) May 1, 1949.
---	-----------------------	--------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1881	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	------------------------------	---	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Reitz Packing Co.	11. BIRTHPLACE (State or foreign country) Chicago, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.
--	--	--	--

13a. FATHER'S NAME Felix Lehman	13b. MOTHER'S MAIDEN NAME Clara Israel	14. NAME OF HUSBAND OR WIFE Sarah M. Reitz
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 486-09-9517	17. INFORMANT'S SIGNATURE OR NAME Felix Lehman	ADDRESS 3687 Summit K.C. Mo.
---	--	---	-------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac dilatation		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction DUE TO (c) Coronary Arteriosclerosis.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION H&I	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Pathologist 1949, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Jack H. Hill	(Degree or title) M.D. Trinity Lutheran Hosp.	23b. ADDRESS	23c. DATE SIGNED 7 May 49
------------------------------------	--	--------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 3 1949	24c. NAME OF CEMETERY OR CREMATORY Sheffield Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. 5-2-49	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE J.P. Louis	ADDRESS Funeral Home K.C. Mo
--	--	--	-------------------------------------

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

MAY 20 1959

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

Ray Buffington

..... Licensed Embalmer No. 2756.....

Signed.....
Student Embalmer

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.