

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
 (a) County **Kansas City**  
 (b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **2921 Baltimore**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **XX** (Specify whether  
 In this community **38** years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
**Missouri** **Jackson**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **2921 Baltimore**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country **1)**

3. (a) PRINT FULL NAME **LEONARD E. SHAMLEFFER**  
 3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced, widowed  
 6. (b) Name of husband or wife **Daisy L. Shamleffer** 6. (c) Age of husband or wife if alive **XX** years  
 7. Birth date of deceased **December 19 1871**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **0** Days **4** If less than one day **hr. min.**

9. Birthplace **Council Grove Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Division Manager**

11. Industry or business **Montgomery-Ward (Shoe Dept)**

12. Name **Wm. F. Shamleffer**  
 13. Birthplace **Baltimore Md.**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Margaret Munkers**  
 15. Birthplace **Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. C. Ferguson**

(b) Address **2921 Baltimore**

17. (a) **Removal** (b) Date thereof **12-26-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **White City, Kansas**

18. (a) Signature of funeral director **Wm Wagner**  
 (b) Address **Kansas City, Mo.**

19. (a) **12-23-44** (b) **T. E. Brown (DZ)**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Dec.** day **23rd**  
 year **1944** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **19** to **19**  
 that I last saw him alive on **19** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **arterio-sclerosis**

Due to **940**

Other conditions **940**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **Heart & Intestines**  
 Of autopsy **no**

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature **James A. Hall** **2** **Lucas**  
(M. D. or other)

Address **1824 Poplar St.** Date signed **12-23-44**

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

MOTHER FATHER

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**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 Alvin R. Hounshel

Licensed Embalmer No. 4159

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.**