

Leland, Clara Scheffer 1895 - 1946

Kentucky Post - July 8, 1946

LELAND—Clara (nee Scheffer), beloved wife of Harry Leland, and beloved mother of Paul Leland, Saturday, July 6, 1946, at her home, 2727 Iowa-st., Covington, Ky. Funeral Tuesday, July 9, from John N. Middendorf Sons' Funeral Home, 917 Main-st. 8:30 a. m. Requiem High Mass St. Agnes Chapel 9 a. m. Interment Mother of God Cemetery.

Form V. S. 1-A DEPARTMENT OF COMMERCE Bureau of the Census		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		July 6 1946 Dr. Burgef 5820
Registration District No. 790		Primary Registration District No. 2290		
1. PLACE OF DEATH: (a) County <u>Kenton</u> (b) City or town <u>Covington</u> (If outside city or town limits, write RURAL) (c) Name of hospital or institution <u>St. Elizabeths Hospital</u> (If not in hospital or institution write street number or location) (d) Length of stay: In hospital or community _____ (years, months or days)		2. USUAL RESIDENCE OF DECEASED: (a) State <u>Kentucky</u> (b) County <u>Kenton</u> (c) City or town <u>Covington</u> (If outside city or town limits, write RURAL) (d) Street No. <u>2727 IOWA</u> (If rural give precinct) (e) If foreign born, how long in U. S. A.? _____ years		
3(a) FULL NAME <u>Clara Leland</u> 3(b) If veteran, _____ 3(c) Social Security No. _____ Name and No.		20. DATE OF DEATH <u>7-6-46</u> 21. I hereby certify that I attended the deceased from <u>4-12-45</u> to <u>7-6-46</u> that I last saw <u>alive</u> on <u>7-6-46</u> and that death occurred on the date stated above at <u>1:40 P. M.</u>		
4. Sex <u>Female</u> Color <u>White</u> 4(a) Single, widowed, married, divorced <u>Married</u> 6(b) Name of husband <u>HARRY Leland</u> 6(c) Age of husband or wife if alive _____ Years 7. Birth date of deceased <u>December 1, 1895</u> (Month) (Day) (Year) 8. AGE: Years <u>50</u> Months <u>7</u> Days <u>5</u> If less than one day hr. min.		MEDICAL CERTIFICATION Cause of death: <u>Brain Phlebotomy, Heart Disease with myeloid stenosis due to mural thrombus and bent aortic valve, to Cedron T. Am.</u> DURATION yrs. <u>24 hrs</u> Other conditions (Include pregnancy within 3 months of death) _____ Major findings: Of operations _____ Of autopsy <u>as above</u>		
9. Birthplace <u>Covington, Kentucky</u> 10. Usual occupation <u>Housewife</u> 11. Industry or business <u>Home</u>		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? in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) While at work? _____ (e) Means of injury _____		
12. Name <u>William Scheffer</u> 13. Birthplace <u>Germany</u> 14. Maiden name <u>Philomine Dhrens</u> 15. Birthplace <u>Covington, Kentucky</u>		23. Signature <u>George M. Burgef M.D.</u> Address <u>Covington Ky</u> Date signed <u>7-15-46</u>		
16(a) Informant's own signature <u>Harry Leland</u> (b) Address <u>2727 Iowa St.</u> 17. BURIAL, CREMATION, OR REMOVAL Place <u>Mother Of God Cem.</u> July 9, 46 18(a) Signature of funeral director <u>John N. Middendorf</u> (b) Address <u>917 Main Street, Covington</u> JUL 18 1946 (b) <u>V. W. Williamson</u> (Data received by local registrar) (Registrar's signature)				