

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5696  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City K.C. Mo. (d) Street No. General Hospital Registered No. 762  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances E. Lance 520  
(a) Residence, No. 707 Cleveland St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles T Lance  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 31, 1918  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
18 1 X 13

8. Trade, profession, or particular kind of work done, as saw mill, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

FATHER  
13. NAME A.A. Sisk 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas 0

MOTHER  
15. MAIDEN NAME Ethel Donnell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. Charles T. Lance  
(ADDRESS) 707 Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Feb. 15 1938

19. FUNERAL DIRECTOR R.V. Lindsey & Sons  
(ADDRESS) 3811 Broadway K.C. Mo.

20. FILED 2/15 1938 M. M. Snow  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1938  
22. I HEREBY CERTIFY that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
I last saw him/her on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:35 AM  
The principal cause of death and related causes of importance were as follows:

10-20-30 burns of body and urethritic & secondary infection  
Other contributory causes of importance: Not a Conflagration  
Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: Accident Date of injury 1-29, 1938  
Where did injury occur? K.C. Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accidental burn while  
Nature of injury digging for

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) Walter B. Butler, M. D.  
(Address) San Diego, K.C. Mo.

STATEMENT BY LICENSED EMBALMER

I, George W Ernst, Licensed Embalmer No. 4003

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

         L. E.

No.          or by         , Registered Apprentice No.         

working under my personal supervision.

Signed

*George W Ernst*

Licensed Embalmer No. 4003

**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.)**