

REC'D SEP 13 1938

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

27973
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 100
(c) City Kansas City (d) Street No. St. Marys Hospital Registered No. 3284
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Mrs. Katie Lacey
(a) Residence, No. 3664 Jefferson St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Lacey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1863

7. AGE YEARS 75 MONTHS 6 DAYS 21 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Kansas City, (STATE OR COUNTRY) Mo.

FATHER 13. NAME Maurice Murphy

14. BIRTHPLACE (CITY OR TOWN) New Jersey (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Bridget Dobbins

16. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY)

17. INFORMANT Mrs. E. E. Cooper (ADDRESS) 3664 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Shawnee, Kansas DATE Aug. 22, 1938

19. FUNERAL DIRECTOR (NAME) QUIRK & TOBIN CO. (ADDRESS) Kansas City, Mo.

20. FILED Aug 19 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1933, 1933, to Aug 18, 1938. I last saw her alive on Aug 18, 1938. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of Fundus of Uterus 48 W Jan. 1935
Date of onset

Other contributory causes of importance:

Name of operation Radiation treatment Date of Jan. 35
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. H. Young M. D.
(Address) 1401 S. 10th St. KCK

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

1 X1402B

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.