DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9884

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1318

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none - 3415 Troost ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 3415 - Troost (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mollie E. Lasley

3. (b) If veteran, name war: no — Mollie E. Lasley

3. (c) Social Security No.: NONE

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: ~~Deceased~~ JAMES

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: Sept (Month) 28th (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
70	65	27	hr. — min.

9. Birthplace: Buckner Mo (City, town, or county) — (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: none

FATHER 12. Name: no record

13. Birthplace: no record (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: no record

15. Birthplace: no record (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Ernie Lasley

(b) Address: 3415 - Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/25/40 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: Bergman Funeral Home

(b) Address: 4301 - Mill creek Pky

19. (a) Mch 25, 1940 (Date received local registrar) (b) M. M. Cross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 23d. year: 1940 hour: 3 minute: A. M.

21. I hereby certify that I attended the deceased from March 1st, 1940, to March 23d 1940 that I last saw her alive on March 22nd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Atlas Dislocation — Duration

Malignant Stomach

Due to: 46

Due to:

Other conditions: Myocarditis (Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

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? (e) Means of injury: ?

23. Signature: Dr. H. M. Chapman (M.D. or other) D.C.

Address: 505 Ritchie Bldg. Date signed: Mar 23

3111 Brook K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

80M-5-17-39
Rev. 5-17-39
Form 1 X19511

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.....Harry C Bergman

Licensed Embalmer No.....2041

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.