

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11212

REG. DIST. NO. 22 1040
Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 96

48

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

1. PLACE OF DEATH:

(a) County Jackson Blue Trv.

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

(c) Name of hospital or institution:
249 No. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry Taylor Lake

3. (b) If veteran, name war _____

(c) Social Security No. 7471

4. Sex Male 5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 78 years
(Day) (Year)

7. Birth date of deceased Nov 3 1861
(Month) (Day) (Year)

8. AGE: 78 Years 4 Months 26 Days
If less than one day _____ hr _____ min.

9. Birthplace Lynn Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business retired

12. Name Lynn Lake

13. Birthplace Kalmia Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Haly

15. Birthplace Walton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Lake

(b) Address 249 No. Home - K.C. Mo.

17. (a) Remove (b) Date thereof 3/31/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling, Mo.

18. (a) Signature of funeral director George E. Carson

(b) Address Independence Mo.

19. (a) March 30 1940 (b) H. H. Cook
(Date received local registrar) (Registrar's signature)

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. 249 No. Home Summit
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1940 hour 6:20 minute A M.

21. I hereby certify that I attended the deceased from March 20, 1940, to March 29, 1940, that I last saw him alive on March 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Paralytic illness Myocardial Degeneration

Due to Similarity

Due to _____

Other conditions (include pregnancy within 3 months of death) 17 1/2

Duration 8 days

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy paralytic illness & adhesions to the spleen & adjacent

22. If death was due to unusual 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 2

23. Signature H. W. Thompson (M. D. or other) _____

Address 620 Bennington Date signed 3/29/40

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.....

Raymond W. Minter

Registered Apprentice No. *199*

working under my personal supervision.

Signed.....

Felix Benz

Licensed Embalmer No.....

H 127

P. O. Address.....

Independence, 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, above space should be left blank.