

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **158**

Primary Registration District No. **4092**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Raymore**
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cass**
(c) City or town **Raymore**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME **Rachel Catharine Lasley** **240**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Wm Lasley** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 4, 1855**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	10	15	_____ hr. _____ min.

9. Birthplace **Franklin Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Jacob J. Butler**

13. Birthplace **Ill**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Arnold**

15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Lasley**

(b) Address **Raymore, Mo.**

17. (a) **Burial** (b) Date thereof **7/21/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Raymore Mo. Cem.**

18. (c) Signature of funeral director **R. M. Miller**

(b) Address **Beltan, Mo.**

19. (a) **7-20-40** (b) **R. M. Miller**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
year **1940** hour **10** minute **20** A.M.

21. I hereby certify that I attended the deceased from **Aug 4**
187 to **July 19**, **1940**,

that I last saw **her** alive on **July 19**, **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rheumatoid Arthritis** Years **15**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **147**

While at work? _____ (Specify type of place)
(a) Means of injury _____

23. Signature **R. M. Miller** (M. D. or other) _____

Address **Beltan Mo** Date signed **7-20-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Richard P. George

Licensed Embalmer No. 3958

P. O. Address Belton, 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.