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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **18592**
1573
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH:
(a) County **Jackson,**
(b) City or town **Kansas City,**
(c) Name of hospital or institution: **St. Mary's Hospital,**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days,**
In this community **12 years,**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Geneva Viola Lappine,**
3. (b) If veteran, name war **X**
3. (c) Social Security No. **X**

4. Sex **Female**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Charley C. Lappine,**
6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **September 5th, 1898**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 **7** **12** hr. min.

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

10. Usual occupation **Housewife,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **William T. Hanks,**
13. Birthplace **Kentucky,**
(City, town or county) (State or foreign country)
14. Maiden name **Viola Noland,**
15. Birthplace **Kansas,**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charley C. Lappine,**
(b) Address **521 Olive, Kansas City, Mo.**
Removal, 4-18-41
17. (a) (b) Date thereof **4-18-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Weston, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **Apr. 21, 1941** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri,** (b) County **Jackson,**
(c) City or town **Kansas City, Mo.,**
(If outside city or town limits, write "RURAL")
(d) Street No. **521 Olive Street,**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **X** **12** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **17th**
year **1941** hour **6:30** minute **P.** M.
21. I hereby certify that I attended the deceased from **you** **1941** to **Apr. 17**, 19**41**
that I last saw her alive on **Apr. 17**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** Duration **2 days**
Due to **Neuro-septicemia** **37 years**
(possibly)
Due to **50**
Other conditions **30**
(Include pregnancy within 3 months of death)
Major findings: **No**
Of operations **30**
Of autopsy **70**
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?
While at work? (Specify type of place) (2) Means of injury
23. Signature **M. M. Crow** (M. D. or other)
Address **M. M. Crow** Date signed **4-21-41**

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

Langley
Dr. Langley,
North K. C., Mo.

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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.