

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24034
2573
Registrar's No.

FILED AUG 20 1941

Registration District No. 399

Primary Registration District No. 1002

48
83
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4644 Campbell Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community Lifetime / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 31
(If outside city or town limits, write "RURAL")
(d) Street No. 4644 Campbell Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miss Wilhemina (Willie) Laidlaw

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: July 28 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Detroit Michigan
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name James Laidlaw

13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kennedy 4

15. Birthplace Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Seested

(b) Address 4644 Campbell Street

17. (a) Burial (b) Date thereof July 9, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newsome, Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-8-41 (b) M. M. Crane
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1941 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from April
1939 to July 7 1941.
that I last saw him alive on July 5 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death _____

General metastatic carcinoma
Due to Primary Carcinoma Breasts

Due to 50

Other conditions _____
(Include pregnancy within 3 months of death) 50

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? _____

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

23. Signature Wesley R. Thore (M. D. or other) 0

Address 100 Professional Bldg. Date signed 7-7-41

J&I (Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

De Gruy Thomas
Prof Bldg
212852

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 *George M. Collier*
Licensed Embalmer No. *3839*
P. O. Address *H.C. 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, fact should be so stated above.