

DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

4387

Registration District No. 397

Primary Registration District No. 100

Registrar's No. _____

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 3225 Norton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community _____ 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. 3225 Norton (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 25, 1941, to Nov 26, 1941;
that I last saw him alive on Nov 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Duration

Due to Premature Birth

Due to Maternal Nephritis

Other conditions (Include pregnancy within 3 months of death) 159

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? _____

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

23. Signature Hellis S. Thomas (M. D. or other)
Address 5718 Roeland Kury Date signed 11/27/41

3. (a) PRINT FULL NAME Hugo Ronald Lake

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased: Nov. 25 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Day 1 If less than one day 16 hr. 15 min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Hugo W. Lake

13. Birthplace Wichita Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie V. Saunders

15. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo W. Lake

(b) Address 3225 Norton

17. (a) Burial (b) Date thereof Nov. 27-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Dorothy B. Burt

(b) Address 5 R.E. Kays

19. (a) 11-27-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Kansas

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

MOTHER FATHER

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.....

Licensed Embalmer No.

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, fact should be so stated above.