

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16903

State File No. ....

FILED JUN 18 1942 99

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 2225

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City

(c) Name of hospital or institution: 3132 Highland /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No.: 3132 Highland 8  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Laura Belle Colley

3. (b) If veteran, name war: XX

3. (c) Social Security No.: NO

4. Sex: Fe /

5. Color or race: Wh

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

6. (b) Name of husband or wife: Lilburn Colley

6. (c) Age of husband or wife if alive: XX

7. Birth date of deceased: January 24 1877  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 13  
If less than one day hr. min.

9. Birthplace: Prairie Hill Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation: At Home

11. Industry or business: \_\_\_\_\_

MOTHER FATHER {

12. Name: John Richardson

13. Birthplace: No Record 9  
(City, town, or county) (State or foreign country)

14. Maiden name: Anna Conrad

15. Birthplace: No Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Exis Colley

(b) Address: 3132 Highland

17. (a) Burial (b) Date thereof: 6-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Prairie Hill, Mo.

18. (a) Signature of funeral director: J.M. Wagner

(b) Address: Kansas City, Mo.

19. (a) 6-8-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 7th day 7th  
1942 year 12 hour 30 P M. minute

21. I hereby certify that I attended the deceased from June 1 to June 7, 1942  
that I last saw him alive on June 7, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic carcinoma of stomach

Due to: Carcinoma of stomach

Due to: H.D.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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: Edna Jackson (M. D. or other) MD

Address: 4022 1/2 1st Date signed: 6-8-42

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

MO 4193

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**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 A. R. Harnschel  
Licensed Embalmer No. 4159  
P. O. Address K. E. 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.**