. No. 2
—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36292
Registrar's No. 4211

Registration District No. 149 Primary Registration District No. 1002

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: 107 Ward Parkway - Casa Loma West Apts.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether years, months or days)
In this community 25 Years

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. 107 Ward Parkway - Casa Loma West
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME Mrs. Harriet Hughes Lamy
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 Widowed
6. (b) Name of husband or wife Mr. Ernest W. Lamy
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased April (Month) 30 (Day) 1870 (Year)

8. AGE: Years 72 Months 6 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business ------

FATHER
12. Name Jo Swan Hughes
13. Birthplace Howard (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Frances Cake
15. Birthplace Charlottesville (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Camille Lamy
(b) Address Casa Loma West
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov. 15, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. Newcomer's Sons
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th year 1942 hour 8 minute 25 P. M.
21. I hereby certify that I attended the deceased from Oct. 13, 1942, to Nov. 12, 1942, that I last saw her alive on Nov. 12, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Due to: Arteriosclerosis	
Due to: 83.B	
Other conditions: Bronchopneumonia (Include pregnancy within 3 months of death)	

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

23. Signature H. L. Douglas (M. D. or other)
Address 315 Alameda Road K.C. Mo Date signed 11/13/42

(Licensed Embalmer's Statement on Reverse Side)

Clay & Murray Funeral Home

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K 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.