

Registration District No. 749

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson  
 (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:  
 5620 Woodland Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 40  
(Specify whether years, months or days)  
 In this community: \_\_\_\_\_

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.: 5620 Woodland  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Mrs Estelle M. La VECK

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: Married

6. (b) Name of husband or wife: Frank LaVeck  
 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: June 24 th 1874  
(Month) (Day) (Year)

8. AGE: Years: 68 Months: 5 Days: 29  
 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Clayton, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

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

12. Name: Henry F Blank

13. Birthplace: Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name: Mary Hamky

15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Frank LaVeck, husband,  
 (b) Address: 5620 Woodland, K.C. Mo.

17. (a) Burial (b) Date thereof: 12/26/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: Melody-McGilley  
 (b) Address: K. C. Mo.

19. (a) 12/26/42 (b) M. M. Gorman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec day: 23  
 year: 1942 hour: 2:00 minute: A.M.

21. I hereby certify that I attended the deceased from Dec. 23 1942 to Same 19  
 that I last saw her alive on 12-23-42 at 1:40 A.M.  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion  
 Duration: \_\_\_\_\_

Due to: Arterial Sclerotic Heart Disease  
 Duration: 93 H

Due to: \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
(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: \_\_\_\_\_ (2) Means of injury: \_\_\_\_\_

23. Signature: Robert M. Myers (M. D. or other) M.D.

Address: 1025 Duane Bldg. Date signed: 12-27-42

**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.**