

FILED JAN 21 1943

Registration District No. 149

Primary Registration District No. 1002

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 1 yr. 2 days years, months or days) (Specify whether

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. 525 Indiana Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME George Lakey
(b) If veteran, name war no (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 4th
year 1943 hour 8 minute 20 A.M. M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, single
7. Birth date of deceased: Sept 15 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-2-43, 1943, to 1-4-43, 1943;
that I last saw him alive on 1-4-43, 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years 1 Months 4 Days 19 If less than one day hr. min.

Immediate cause of death: LARYNGEAL OBSTRUCTION, CAUSE NOT DETERMINED

9. Birthplace: No Kansas City MO
(City, town, or county) (State or foreign country)

Due to 105.1

10. Usual occupation: infant

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business
12. Name: George E. Lakey
13. Birthplace: MO
(City, town, or county) (State or foreign country)
14. Maiden name: Hella Mae Brown
15. Birthplace: MO
(City, town, or county) (State or foreign country)

Major findings: Of operations
Of autopsy None

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant: George E. Lakey
(b) Address: 525 Indiana Ave
17. (a) Burial (b) Date thereof: Jan 5 43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Rogers Cen. No. 1
18. (a) Signature of funeral director: Morton F. ...
(b) Address: 210 Kansas City
19. (a) 1-5-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature: Dr. R. ... (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

John S. Morton

Licensed Embalmer No. *3197*

P. O. Address. *210 Kellum*

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.