V. S. No. 2
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. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17026

FILED JUN 7 1943

Registration District No. 149

Primary Registration District No. ~~1005~~/002

Registrar's No. 2423

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital
(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 10 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 5623 Lydia Ave 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sandra Jean LISLE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife ---------

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased August (Month) 2nd (Day) 1942 (Year)

8. AGE: Years 000 Months ~~10~~ 9 Days 24 If less than one day ___ hr. ___ min.

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

10. Usual occupation INFANT

11. Industry or business --------

FATHER
12. Name Otis Lisle
13. Birthplace Easton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Alberta McMahon
15. Birthplace St Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Otis Lisle
(b) Address 5623 Lydia Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Missouri

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri

19. (a) 5-27-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26th year 1943 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from 5-10-43, 19__, to 5-26, 1943 that I last saw her alive on 5-26-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure Post operative

Due to Dermoid Tumor Removal Right surgical adrenal

Due to Malignant

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address 1019 Prof. Bldg. K.C. Mo Date signed 5-27 1943

(Licensed Embalmer's Statement on Reverse Side)

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. 2999

P. O. Address..... 155

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.