

AUG 13 1943

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural  
(c) Name of hospital or institution: 6 mi S W on Outer Belt Road  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Rural  
(d) Street No. 6 mi S W on Outer Belt Road  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country —

3. (a) PRINT FULL NAME

Daisy Lee Raymond

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lewis C Raymond 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased Sept 2 - 1896 (Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

12. Name Samuel T Cole

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

14. Maiden name Ruth Hapkins

15. Birthplace Blue Springs Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lewis C Raymond

(b) Address Lee's Summit Mo 67103

17. (a) Burial (b) Date thereof 7-7-43 (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director N. B. Langford

(b) Address Lee's Summit Mo

19. (a) July 6, 1943 (Date received local registrar) (b) F. M. Schlicker (Registrar's Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1943 hour 11-50 minute — a.m.

21. I hereby certify that I attended the deceased from 1-12, 1943, to 7-5, 1943  
that I last saw her alive on 7-4, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Cervix Duration 7 mo

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 48a  
(Include pregnancy within 3 months of death)

Major findings: 48a  
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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) MD  
Address Lee's Summit Date signed 7/6/43

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

18  
0  
0

48  
0

**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 *N. B. Langford*  
Licensed Embalmer No. *3833*  
P. O. Address *Lee's Summit*

**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.**