

FILED FEB 7 1944

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: **Trinity Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether
In this community **as above**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **19**
(c) City or town **Drexel**
(If outside city or town limits, write "RURAL")
Street No. _____
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mr. EDNA VERLIE LACY
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**

(b) Name of husband or wife **James Lacy**
6. (c) Age of husband or wife if alive **about 46 years**

7. Birth date of deceased **January 27, 1898**
(Month) (Day) (Year)

8. AGE: Years **45** Months **11** Days **24**
If less than one day, hr. _____ min. _____

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

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **E. M. Hunziker**

13. Birthplace **Wertz Island**
(City, town, or county) (State or foreign country)

14. Maiden name **Ann Gardner**

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

16. (a) Informant **James Lacy**
(b) Address **Drexel, Missouri**

17. (a) **Removal** (b) Date thereof **1-20-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Drexel, Mo.**

18. (a) Signature of funeral director **Stine McClure**
(b) Address **3235 Melham Plaza K.C. Mo.**
19. (a) **Jan 23, 1944** (Date received local registrar)
P. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **20**
year **1944** hour **9** minute **a.**

21. I hereby certify that I attended the deceased from **Jan 12** to **Jan 20**, 19**44**
what I last saw her alive on **Jan 20**, 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Obstruction of the common duct of liver**
Duration **8 days**

Due to **following operation for fibroid uterus**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **46 f**

Major findings: Of operations _____

Of autopsy **w**

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 **A. S. Kof** (M. D. or other) _____
Address **1025 Riuholt Bldg** Date signed **1-21-44**

MOTHER FATHER

361

Dr. Hickok
Rivets Body

FEB 7 1944

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 John H. Hurley
Licensed Embalmer No. 4050
P. O. Address Kansas City, 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.