

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED JUN 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 11

Primary Registration District No. 3012

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Excelsior Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rt 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LESLIE LANCASTER

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Libbie Lancaster 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 14 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 1 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Gen

12. Name J. D. Lancaster

13. Birthplace Jessamine Co. Ky
(City, town, or county) (State or foreign country)

14. Maiden name Ruby

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

16. (a) Informant Mrs. Leslie Lancaster

(b) Address Rt 3 Liberty Mo

17. (a) Burial (b) Date thereof May 17 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Liberty Mo

18. (a) Signature of funeral director Chas. Archer
(b) Address Liberty Mo

19. (a) 5-17-44 (b) Madame Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1944 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 23 1943 to May 16 1944
that I last saw him alive on May 16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia (embolic) Duration 2 1/2 hrs.

Due to Carcinoma of prostate gland 3 yrs.

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations 51 f 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 Burton Mally (M. D. or other) M.D.
Address Liberty Mo Date signed 5-16-44

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

RECEIVED

District Health Officer No. 8

District File Number _____

Date Filed 6-3-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.