

FILED OCT 24 1944
Registration District No. **177**

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 K-6. mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Topping & Gardner
(If not hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 48 years.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Thoy Sious Lagae
 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
 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased May 3 - 1896
(Month) (Day) (Year)

8. AGE:
 Years 53 Months 5 Days 8
 If less than one day .hr. .min.

9. Birthplace Belgium 4
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. L. Lagae

(b) Address Topping & Gardner

17. (a) Burial Burial **(b) Date thereof** Oct 14 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W.S. Marys

18. (a) Signature of funeral director Petty
(b) Address 2657 9th St Ave

19. (a) 10-13-44 **(b) P. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. Topping & Gardner
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH 1944 Oct. 11
 year 1944 hour 11 minute 11 M.

21. I hereby certify that I attended the deceased from 11 to 19
 that I last saw h. alive on 11 day of October 1944
 and that death occurred on the 11 day and hour stated above.
 Immediate cause of death Multiple Fractures
Railroad Trauma

Due to 169-8
Due to 30

Other conditions 169-8
(Include pregnancy within 3 months of death)

Major findings:
 Of operations Inspection

Of autopsy Inspection
 History 123

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence October 11, 1944

(c) Where did injury occur? Kansas City, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? No (Specify type of place) Trauma
 (c) Means of injury 123

23. Signature A. E. Washburn (M. D.)
Address 231 Meloy **Date** 10/12/44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.