

S. No. 2
DOM-5-43
Rev. 5-17-39
I X36571

State File No. **23047**
Registrar's No. **3032**

FILED JUL 30 1945
Registration District No. **197**

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 **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **3424 Flora Kansas City Mo. /**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
 In this community **60 years**

3. (a) PRINT FULL NAME **CORA M. LACARI**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
 6. (b) Name of husband or wife **Louis S. LaCari** 6. (c) Age of husband or wife if alive **Dead** years
 7. Birth date of deceased **June 18 th, 1880**
(Month) (Day) (Year)

8. AGE: Years **65** Months **1** Days **1** If less than one day **hr. min.**

9. Birthplace **Booneville Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**
MOTHER FATHER { 12. Name **Fred Berger**
 13. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Louise Beha**
 15. Birthplace **Booneville Mo. 0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wm. T. Hayde**
 (b) Address **3636 Euclid Ave. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **7/21/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director **Melody-McGilley-Eylar**
 (b) Address **1800 Linwood Blvd. K.C. Mo.**

19. (a) **7-20-45** (b) **Sheldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson 48**
 (c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3424 Flora 8**
(If rural, give location)
 (e) Citizen of foreign country? **No 0** (Yes or No)
 If yes, name country.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **19 th** year **1945** hour **12** minute **05 P.**

21. I hereby certify that I attended the deceased from **June 20, 1945, to July 18, 1945**, that I last saw him alive on **July 18, 1945**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage 9 days**
Cerebral Plegia
 Due to **Cerebral Hemorrhage**
 Due to **Cerebral Plegia**

Other conditions: **Obesity, Hypertension**
(Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations: **None**
 Of autopsy: **None**

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? _____

23. Signature **John E. Helder** (M. D. or other) **0**
 Address **32nd St. K.C. Mo.** Date signed **7-20-45**

Handwritten initials and marks

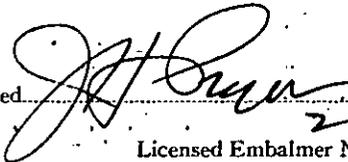
AUG 30 1945

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. 2909

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.