V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29755

FILED OCT 1 1945

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3891

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: 5232 - PROSPECT AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether years, months or days)
In this community 26 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 5232 - PROSPECT AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MRS BETTIE THOMAS LACEY
3. (b) If veteran, name war No
3. (c) Social Security No. 495-03-9227
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR IRA E. LACEY
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased MARCH (Month) 28 (Day) 1879 (Year)

8. AGE: Years 66 Months 5 Days ~~20~~ 19 If less than one day ___ hr. ___ min.

9. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)
10. Usual occupation SEAMSTRESS
11. Industry or business
FATHER
12. Name SAM HOUSTON THOMAS
13. Birthplace (City, town, or county) ALABAMA (State or foreign country)
MOTHER
14. Maiden name KATHLEEN SCOGGINS
15. Birthplace (City, town, or county) ARKANSAS (State or foreign country)
16. (a) Informant IRA E. LACEY
(b) Address 5232 PROSPECT AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-20-1945 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEM.
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 9-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 17TH year 1945 hour 7 minute 50 P. M.
21. I hereby certify that I attended the deceased from 4/28/45, 19__, to 9/17/45, 19__; that I last saw her alive on 9/16/45, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death ___ Duration
Due to Carcinoma of Cervix
Due to Metastases.
Other conditions ___
(Include pregnancy within 3 months of death)
Major findings:
Of operations ___
Of autopsy ___

PHYSICIAN
Underline the cause to which death should be charged statistically.

48a

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

23. Signature Harold Hassman M.D. (Name of other)
Address Prof. Bldg. Date signed 9/18/45

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City.

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.