

No. 2  
5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
7 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37457  
Registrar's No. 87

Registration District No. 154

Primary Registration District No. 5575

1. PLACE OF DEATH:  
(a) County Jackson (Rural)  
(b) City or town Kansas City (Washington)  
(c) Name of hospital or institution 17 East 80th Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX  
35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 17 East 80th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT MRS. DELIA MATHILDA L'ECUYER  
FULL NAME  
(b) If veteran, name war XX  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 30th  
year 1945 hour 2: minute 15 p.M.  
21. I hereby certify that I attended the deceased from Nov. 1-45  
19 to Nov. 30 1945

4. Sex Ma / 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emile J. L'Ecuyer  
6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased October 17 1876  
(Month) (Day) (Year)

that I last saw ~~the~~ alive on Nov. 30 1945  
and that death occurred on the date and hour stated above  
Immediate cause of death Carcinomatosis  
Hydrothorax  
Due to Carcinoma of lungs  
Metastases following  
Due to Carcinoma of Bladder  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy none 50

8. AGE: Years 69 Months 1 Days 13  
If less than one day hr. min.  
9. Birthplace St. Joseph Kansas /  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

MOTHER FATHER  
11. Industry or business  
12. Name Stanislas Senez  
13. Birthplace Canada 2  
(State or foreign country)  
14. Maiden name Marie Hamel  
15. Birthplace Canada 2  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Emile J. L'Ecuyer  
(b) Address 17 East 80th Street  
17. (a) Burial (b) Date thereof 12-3-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director J.W. Wagner  
(b) Address Kansas City, Mo.  
19. (a) Dec. 1-1945 (b) Dr. Annie E. Hedgas  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury  
Signature: Dr. A. H. ... M. D. or other  
Address: 1424 Professional Bldg. Date signed 12-1-45

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

115 2

(Licensed Embalmer's Statement on Reverse Side)

**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..... *Cecil R. Matthes*.....  
..... Licensed Embalmer No. *3807*.....  
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.