

FILED JAN 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. **40176**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5218**

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:
2933 Holmes Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 60 years
years, months or days)

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. 2933 Holmes Street 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME

Mrs. Laura Belle McCormick

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Andrew B. McCormick

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased August 21 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 28 1/2 hr. 0 min.

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

10. Usual occupation at home,

MOTHER FATHER

11. Industry or business X

12. Name McCordles

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

14. Maiden name Susan Elliott

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

16. (a) Informant Mrs. J. M. Lerche,

(b) Address 7236 Madison, Kansas City, Mo.

17. (a) Removal (b) Date thereof 12-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-19-45 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1945 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from December 17
1945, to December 18, 1945;
that I last saw her alive on December 17, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 3 months

Due to Carcinoma of the head of the pancreas 3 1/2 months

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 g

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 Edward H. Klein (M. D. or other) _____

Address Olga Mae Bely, K. C. Mo. Date signed 19 Dec 1945

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

Dr. Eugene Parsons

Mr. J. B. Bledsoe
1-30

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.