

FILED MAR 27 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1243

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Ostropochek Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days
Specify whether
In this community 2 weeks
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and location)
(d) Street No. 5808 Raytown Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lacy, Myrtle Estelle

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Leo Steel 6. (c) Age of husband or wife if alive no record years

7. Birth date of deceased April 19 1887
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business none

MOTHER FATHER { 12. Name Charles Beegs
18. Birthplace Ill
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Rowden
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant ms Joe Lacy

(b) Address 5808 Raytown Rd

17. (a) Burial (b) Date thereof 3-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman cemetery

18. (a) Signature of funeral director W. E. Myers

(b) Address cleve and mo

19. (a) 3-13-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March, day 13th,
year 1946 hour -12- minute 35 A.M.

21. I hereby certify that I attended the deceased from Mar. 5, 1946 to March 13, 1946
that I last saw her alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration 8 days

Due to auricular fibrillation
high blood pressure
Due to Coronary Disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations a/a
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) (a) Means of Injury _____

23. Signature Paul J. McPherson (M. D. or other) D.O.
Address 500 Pynchon Blvd Date signed 3-17-46

Raytown
1702 W

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm K. Jackson
Licensed Embalmer No. 3954
P. O. Address 918 Brooklyn

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, above space should be left blank.