

No. 2  
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-17-39  
X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20361

State File No. \_\_\_\_\_

FILED JUN 28 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2784

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:  
3114 McGee  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. XX  
Life (Specify whether)

In this community \_\_\_\_\_  
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. 3114 McGee 8  
(If rural, give location)

(e) Citizen of foreign country? No (1)  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ELLA LAPPE

3. (b) If veteran, XX name war \_\_\_\_\_

3. (c) Social Security None  
No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20  
year 1946 hour 12: minute 05 A.M.

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Henry B. Lappe

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

7. Birth date of deceased: March 17 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20 to June 20, 1946  
that I last saw her alive on June 20, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 3 If less than one day \_\_\_\_\_  
hr. min.

Immediate cause of death: Coronary atherosclerosis

Due to Coronary artery disease

Due to General arteriosclerosis

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death) 94a

9. Birthplace: Kansas City Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Lyons

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Cunningham

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 0

(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? \_\_\_\_\_

16. (a) Informant Mrs. Edna B. Dillon

(b) Address 224 West 65th St.

17. (a) Burial (b) Date thereof June 22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 6-22-46 (b) St. Thaldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J.P. Mella 0  
(M.D. or other)

Address 1000 1/2 E. 11th St. Date signed 6/22/46

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

JAN 6 1953

SEP 19 1948

11-9895  
1000

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 Alvin R. Haunschild

Licensed Embalmer No. 4159

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.