FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27772

Registration District No. 949 — Primary Registration District No. 1002 — Registrar's No. 3696

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: K.C. Gen. Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 hrs. (Specify whether years, months or days)

In this community: 18 years

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.: 5024 East 9th St. 8
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Laura Laquet

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

3. (c) Social Security No.: none

4. Sex: female 1

5. Color or race: white

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

6. (b) Name of husband or wife: William Laquet

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

7. Birth date of deceased: March 19, 1887 (Month) (Day) (Year)

8. AGE: Years 60 | Months 5 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace: Sorento (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

MOTHER FATHER

12. Name: Richard Dove

13. Birthplace: Kentucky 1 (City, town, or county) (State or foreign country)

14. Maiden name: Sophronia Turner

15. Birthplace: Warrenton, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: William Laquet

(b) Address: 5024 E. 9th.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Geo. C. Carson Funeral Home

(b) Address: Independence, Mo.

19. (a) 8-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 26th year: 1947 hour: 8:00 P.M. minute: M.

21. I hereby certify that I attended the deceased from 8-26-47, 19..., to 8-26-47, 19...; that I last saw her alive on 8-26-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	

Major findings:
Of operations:
Of autopsy: See above

PHYSICIAN

Underline the cause of 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? 0 (Specify type of place)

While at work? (e) Means of injury:

I hereby certify that I attended the deceased from ... to ... (M.D. or other) MD

Signature: Kansas City Hospital No. 1

Address: Date signed:

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 R. L. Lisle

Licensed Embalmer No. 4123

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.