FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947

Registration District No. 799

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27775

Registrar's No. 3666

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

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. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. & 4 days (Specify whether
In this community 18 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. 435 Knickerbocker Place 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. FRANCES ELIZABETH LAY

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN CLINTON LAY

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

7. Birth date of deceased AUGUST (Month) 8 (Day) 1879 (Year)

8. AGE: Years 68 Months 0 Days ~~13~~ 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation NONE

11. Industry or business AT HOME

FATHER
12. Name THOMAS LAY
13. Birthplace (City, town, or county) KANSAS (State or foreign country)

MOTHER
14. Maiden name MATILDA TATE
15. Birthplace (City, town, or county) KANSAS (State or foreign country)

16. (a) Informant MRS. ANNE WITHERELL
(b) Address 435 KNICKERBOCKER PLACE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation GREEN LAWN

18. (a) Signature of funeral director D.W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd

19. (a) 8-26-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th year 1947 hour 6 minute 40 A M.

21. I hereby certify that I attended the deceased from 7-21-47, 19..., to 8-25-47, 19...; that I last saw her alive on 8-25-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death C.A. of Colon - Hydronephrosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy see above

Duration

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? (Specify type of place)
While at work? (e) Means of injury 0

M.D. Signature W. C. Gen. Hospital (M. D. or other) MD
Address Date signed

Jefferson City Printing Co. (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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 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.