No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

28054

State File No.

Registration District No. FILED AUG 28 1947

Primary Registration District No. 5572

Registrar's No. 139

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Prairie Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emergency Hospital (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 56 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 1317 Campbell (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME MRS. LOUELLA LILLIE MACY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife John A. Macy

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

7. Birth date of deceased Feb. 27, 1879 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	5	14	hr. min.

9. Birthplace Rock Island, New York (City, town, or county) (State or foreign country) 1

10. Usual occupation House work

11. Industry or business

FATHER
12. Name L. Curtis
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Susan E. Kyke
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. R. W. Bridges
(b) Address

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.

19. (a) AUG. 12, 1947 (Date received local registrar) (b) Donald C Earnshaw (Registrar's signature) 378

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1947 hour 11:10 minute A M

21. I hereby certify that I attended the deceased from 29 July 47, 19..., to 11 Aug 47, 19..., that I last saw her alive on 11 Aug 47, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Uremia — Duration 72 hrs.

Due to Carcinoma bladder — ? yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none 52 B

Of autopsy none

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 kind of place)
While at work? (e) Means of injury

23. Signature Frank E. Treharne, M.D. (M. D. or other)
Address Jack. Co. Hosp. Date signed 11 Aug 47

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Hedge, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.