S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5012

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 908

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: 3201 Lockridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 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. 3201 Lockridge 8
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOUISE K. PAGE
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Singled 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct. 2 (Month) 1863 (Day) (Year)

8. AGE: Years 84 Months 4 Days 23 If less than one day ..... hr. ..... min.

9. Birthplace Richmond (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Sales Clerk
11. Industry or business A.J/.Bundschu Store, Indep.
FATHER
12. Name Philander A. Page
13. Birthplace Unknown (City, town, or county) Ohio. (State or foreign country)
MOTHER
14. Maiden name Sarah Farris
15. Birthplace Unknown (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant Mrs E. D. Edwards
(b) Address 3201 Lockridge, K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond, Missouri
18. (a) Signature of funeral director Geo. C. Carson
(b) Address Independence, Missouri
19. (a) 2-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25 th.
year 1948 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from ..... 1946 to Feb 25 1948
that I last saw her alive on Feb 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Valvular Heart Disease (2) Senility

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 92

Major findings:
Of operations
Of autopsy none

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

23. Signature Ralph Perry (M. D. ~~or other~~)
Address 4800 E 24 Date signed 2-27-48

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

4800624
Dr. Ralph Perry
Be 5949

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 Donald W Hanks, Registered Apprentice No. 425, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.