S. No. 300
M—10-47
v. 5-17-39
I 3906

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

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30071

Registration District No. 150 | Primary Registration District No. 5572 | Registrar's No. 180

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue - Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Jackson Co. Emergency Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 21 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town ~~8917 Roberts~~ Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 8917 Roberts
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LANCASTER, Henry V.

3. (b) If veteran, name war no

3. (c) Social Security No. 493-14-9854

4. Sex M

5. Color or race Wh

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

6. (b) Name of husband or wife Cora Loe Lancaster

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased 8/21/1887 (Month) (Day) (Year)

8. AGE: Years 61 | Months 1 | Days 8 | If less than one day ___ hr. ___ min.

9. Birthplace Polk County, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Retired

FATHER
12. Name Henry J. Lancaster
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha J. Smith
15. Birthplace Mason City, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Lancaster
(b) Address 8917 Roberts, K. C. ,o

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation South Point, Cemetery

18. (a) Signature of funeral director John P. Sheil
(b) Address Kansas City, Mo.

19. (a) OCT. 1, 1948 (Date received local registrar) (b) Donald C. Eamshaw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29 year 1948 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from 8-25, 1948 to 9-29, 1948 that I last saw him alive on 9-29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute cerebral edema	2 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hemiplegia rt.	
Major findings: Of operations	
Acute cerebral edema	

83B

PHYSICIAN

Underline the cause to 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

23. Signature Frank E. Treharne, M.D. (M.D. or other)
Address Jackson Co. Hosp. Date signed 10/2/48
Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1948

OCT 25 1948

JUN 14 19[illegible]

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 John C. Sheil

Licensed Embalmer No. 3625

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.