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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36678
Registrar's No. 4371

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:
4007 Mc. Gee.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Over 1 yr.
years, months or days)

3. (a) PRINT FULL NAME Carol Louise Lancaster

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Femal / 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec. 2, 1944.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>10</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace Norman Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation None (Child)

11. Industry or business _____

MOTHER FATHER

12. Name Marvin Lancaster

13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Grill

15. Birthplace Norman Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Marvin Lancaster

(b) Address 1015 East 13 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 10-27-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4007 Mc Gee.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 70 day 25
year 1948 hour 7 30 minute 0 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Burns of face, hands & legs
suffocation

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 5 months of death) 10/15

Major findings: Of operations _____

Of autopsy no
History of Traumatism

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 7-25-48

(c) Where did injury occur? 120 Jackson Ave
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

James C. Walker (Specify type of place) _____
While at work? no (e) Means of injury fire

23. Signature James C. Walker (M. D. or other) _____
Address 1424 1/2 N. 1st Date signed 10-26-48

Duration _____
Underline the cause to which death should be charged statistically.

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..... *Dean Owens*

Licensed Embalmer No..... *4280*

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.