

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

23358
 State File No. _____
 Registrar's No. 3228

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3228	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON			
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 4 45 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Restorium				d. STREET ADDRESS (If rural, give location) 3406 Anderson 9			
3. NAME OF DECEASED (Type or Print) a. (First) Mrs. HAZIE		b. (Middle) Maria		c. (Last) De Lancey		4. DATE OF DEATH (Month) (Day) (Year) July 24, 1949	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 19, 1860	
9. AGE (In years, if UNDER 1 YEAR last birthday) Months Days Hours Min. 89		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Owensboro, Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Fleming		13b. MOTHER'S MAIDEN NAME Emma Taylor		14. NAME OF HUSBAND OR WIFE ROBERT E. DELANCEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. E.H. PEABODY 1029 West 66th KANSAS CITY, Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Senility. Infirmitiy of the aged II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chrom Cystitis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 9, 1949 , to July 24, 1949 , that I last saw the deceased alive on July 21, 1949 , and that death occurred at 5:30 a. m. from the causes and on the date stated above.							
23a. SIGNATURE John G. Lapp		(Degree or title) md.		23b. ADDRESS 1314 Professional Bldg.		23c. DATE SIGNED July 25 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 26 1949		24c. NAME OF CEMETERY OR-CREMATOR FOREST HILL CEMETERY		24d. LOCATION (City/town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-26-49		REGISTRAR'S SIGNATURE Steraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons		ADDRESS 1331-BRUSH CREEK KANSAS CITY, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Supervisor's name

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.