

FILED SEP 16 1950

STANDARD CERTIFICATE OF DEATH

State File No. 30520

3723

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Michigan b. COUNTY Oakland	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas city		c. CITY (If outside corporate limits, write RURAL and give township) Pontiac, Mich.	
c. LENGTH OF STAY (in the place) 10 days		d. STREET ADDRESS (If rural, give location) 495 Bloomfield Ave Pontiac, Mich.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1316 Paseo			
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMINE b. (Middle) Harrison c. (Last) Lacey		4. DATE OF DEATH (Month) (Day) (Year) August 30 1950	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2 1886
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	
11. BIRTHPLACE (State or foreign country) Topeka Kans		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Henry Lacey		13b. MOTHER'S MAIDEN NAME Elizabeth Owen	
14. NAME OF HUSBAND OR WIFE Minnie Lacey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME Eugene G. Lacey		ADDRESS 1316 Paseo	
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) Tremia INTERVAL BETWEEN ONSET AND DEATH 2 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Chronic Interstitial Nephritis 1 yr. DUE TO Gen. Arterio Sclerosis 7 wks II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Heart Cardiac Decompensation 4 wks	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no	
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.) no	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) no no no			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) no		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> no	
21f. HOW DID INJURY OCCUR? no			
22. I hereby certify that I attended the deceased from 8-25-1950 , to 8-30-1950 that I last saw the deceased alive on 8-30-1950 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. S. Wells		23b. ADDRESS 2122-E-15th St K. Mo.	
23c. DATE SIGNED 8-30-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE SEPT. 2-1950	
24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 9-1-50		REGISTRAR'S SIGNATURE Seraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. W. Blanton Jones		ADDRESS 1905 Vine	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 4494

P. O. Address- 1905 2nd St

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.