

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30206
3799

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>0</u>				c. LENGTH OF STAY (in this place) <u>1 month</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				e. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>			
f. STREET ADDRESS <u>500 W. Mill St.</u>				g. (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>LUCY</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>WALLACE</u>	
4. DATE OF DEATH		(Month) <u>Sept.</u>		(Day) <u>3,</u>		(Year) <u>1950</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 2, 1907</u>		9. AGE (In years last birthday) <u>43</u>	10. IF UNDER 1 YEAR Months _____ Days _____
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (State or foreign country) <u>Missouri</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15a. FATHER'S NAME <u>J. M. Spain</u>		16b. MOTHER'S MAIDEN NAME <u>Minnie Earson</u>		17. NAME OF HUSBAND OR WIFE <u>James Edward Wallace</u>			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		19. SOCIAL SECURITY NO. <u>No</u>		20. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. James E. Wallace, Butler, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myelogenous Leukemia 4 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2041</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Minute) _____		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 <u>July 8, 1948</u> , to <u>Sept 3, 1950</u> , that I last saw the deceased alive on <u>Sept 2, 1950</u> , and that death occurred at <u>4:15 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl R. Ferris</u>		(Degree or title) <u>M.D. MD</u>		23b. ADDRESS <u>934 Argyle Bldg. Kansas City Mo</u>		23c. DATE SIGNED <u>Sept 5, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/3/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-6-50</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & McCLURE, Kansas City, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Drs. Ferens, Layton & Mueller
Cary & Berg
124 McNeil

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
Student Embalmer

Signed _____

Student Embalmer No.

Licensed Embalmer No. 4555

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.