

REC'D JUL 15 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

22068  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 450  
(b) Township Independence Primary Registration District No. 553A  
(c) City Little Blue (d) Street No. Jackson Co Home Registered No. 121  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
If death occurred in Hospital or Institution, write its name instead of street and number) 520

2. PRINT FULL NAME Lacy Jane Tennis  
(a) Residence, No. Jackson County Home St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26-1869  
7. AGE YEARS 71 MONTHS 3 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 1  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa  
13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
17. INFORMANT (ADDRESS) E. Jackson Jackson Co Home  
18. BURIAL, CREMATION, OR REMOVAL Funeral home, No. 1 Woodlawn DATE June 12, 1938  
19. FUNERAL DIRECTOR (ADDRESS) George C. Carson Independence Mo.  
20. FILED 6-13-38 William J. Shields Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938, to 6-9, 1938  
I last saw h. alive on 6-9, 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Epilepsy Date of onset 85  
Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis limited Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify no  
(Signed) J. R. Green, M. D.  
362 (Address) Independence Mo.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No. ....

**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.)**