DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42422

JAN 13 1940

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4831

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C. Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community Life years, months or days)

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. 1630 Carrington (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Retta Lalley 400

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Fe

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James Lalley

6. (c) Age of husband or wife if alive Deceased 65 years

7. Birth date of deceased March (Month) 2 (Day) 1874 (Year)

8. AGE: Years 65 Months 9 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Richland (City, town, or county) Mo (State or foreign country)

10. Usual occupation Housewife 9

11. Industry or business Home 9

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hazel Rush

(b) Address 1032 No Kansas ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 22-39 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Rose Henderson

(b) Address 15 & Jackson

19. (a) Dec. 21, 1939 (Date received local registrar) (b) Unknown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1939 hour 7 minute 30 A.M.

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

Deputy Coroner

Immediate cause of death	Duration
Bilateral fibrosis caseous	
Due to pulmonary tuberculosis	
Due to C cavitation 23	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy See Above.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 (Specify type of place)

While at work? Means of injury

23. Signature Victor H. Lister (M.D. or other)

Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 John B. Tarp

Licensed Embalmer No. 295-5

P. O. Address 15 C, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.