

Registration District No. 549

Primary Registration District No. 1002

Registrar's No.

1521

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Children's Mercy Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: 17 Days
(Specify whether
In this community 17 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Mecon
(c) City or town Callao, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Luogene Lucille Pagett
Lucille Imogene Pagett

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased Feb 28 - 1927
(Month) (Day) (Year)

8. AGE: Years 15 Months 1 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation School girl

11. Industry or business _____

12. Name Simmie Pagett

13. Birthplace Mecon, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Lucille Widen
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Simmie Pagett

(b) Address Callao, Missouri

17. (a) Burial (b) Date thereof 4-18-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Callao, Missouri

18. (a) Signature of funeral director Mrs. C. D. Foster

(b) Address Mo

19. (a) Apr. 17 42 (b) M. H. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1942 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Apr 17
1942 to Apr 17 1942
that I last saw her alive on Apr 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Milliary tuberculosis
Due to Generalized

Due to Asa

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature W. B. Soderberg (M. D. or other) _____
Address 1316 P. M. Bldg Date signed Apr 17

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

48
00

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

L. H. Rice

Licensed Embalmer No. 25-70

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.