U. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40861

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5340

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: 3933 Central (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 3933 Central (If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No) No
If yes, name country ____

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3. (a) PRINT FULL NAME: BUCKLEY, EVA E.
3. (b) If veteran, name war: no
3. (c) Social Security No.: unknown
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: /
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: unk years
7. Birth date of deceased: July (Month) 29 (Day) 1907 (Year)
8. AGE: 36 Years 4 Months 16 Days If less than one day ____ hr. ____ min.
9. Birthplace: Meridian Menes Mo (City, town, or county) (State or foreign country)
10. Usual occupation: ____
11. Industry or business: Waitress
MOTHER FATHER
12. Name: Walter B. Lasley
13. Birthplace: Meridian Menes Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Grace Harris
15. Birthplace: Leburn Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Grace Lasley mother
(b) Address: Liberty, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mulberry Ks.
18. (a) Signature of funeral director: Geddarth
(b) Address: K.C. Mo.
19. (a) 12-17-43 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 15 year 43 hour 7:30 P minute ____ M.
21. I hereby certify that I attended the deceased from ____ to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Bronchitis
Due to: 1 Yr
Other conditions (Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations ____
Of autopsy ____

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) Accident 19
(b) Date of occurrence 12/15/43
(c) Where did injury occur? 3933 Central Kansas City (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: fall
23. Signature: Kaw M. D. or other
Address: ____ Date 12-16-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.