

FILED AUG 13 1947
Registration District No.

Primary Registration District No. **1002**

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

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 **2717 EAST 35th STREET TERRACE**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days) **18 YEARS**

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. **2717 EAST 35th STREET TERRACE**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME **MRS. LILLIE LEE WALLACE**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **29** 7th
year **1947** hour **1** minute **45 P.** M.

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **D. F. WALLACE** 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: **DECEMBER 4 - 1862**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 29 47** to **July 29 47**
that I last saw her alive on **July 28 47** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinomatous**

8. AGE: Years Months Days If less than one day

84 **7** **25** hr. **min.**

Due to **Cancer of breast**

Due to

9. Birthplace: **LA FAYETTE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

Other conditions **Hyperthymia**
(Include pregnancy within 3 months of death)

Major findings: **Myocarditis**
Of operations **Cancer of breast**

10. Usual occupation **AT HOME**

11. Industry or business

12. Name **JAMES HARRIS**

13. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **MARGARET YANCEY**

15. Birthplace **VIRGINIA**
(City, town, or county) (State or foreign country)

Of autopsy **50**

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant **Mrs. Ruth W. Barber**
(b) Address **2717 E. 35th St Ten**

17. (a) **BURIAL** (b) Date thereof **8-1-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Golden me.**

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?

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

18. (a) Signature of funeral director **D. H. Newcomer, Sons**
(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **7-30-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **Alvin C. ...** (M. D. or other)
Address **303 ...** Date signed **7-30-47**

12-7
Holtzman Bldg.

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 3, 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.