REC'D SEP 20 1938

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

29144
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 404

(b) Township Washington — Primary Registration District No. 5558 — Registered No. 63

(c) City Kansas City, Mo. — (d) Street No. 220 E. 80th St. Terr. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(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.

2. PRINT FULL NAME Mrs. Lulu Mee Crass 65a

(a) Residence, No. 220 E. 80th St. Terr. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: B. Frank Crass

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 13, 1896

7. AGE: 41 YEARS, 10 MONTHS, 19 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER

13. NAME: Miram Bean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Liza Iola Crass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kintucky

17. INFORMANT (ADDRESS): Mr. B. Frank Crass, 220 E. 80th St. Terr.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Floral Hills DATE: Aug. 5, 1938

19. FUNERAL DIRECTOR (NAME): R.V. LINDSEY & SONS INC (ADDRESS): 3811 Broadway---K.C. Mo.

20. FILED: 9-11-1938 [signature] Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-2-38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... Deputy Coroner
I last saw her alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lysol poisoning	
163	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 8-2-38
Where did injury occur? K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Drank lysol with
Nature of injury: suicidal intent

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature] M.D.
(Address) Gen Hosp. K.C. Mo.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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