

NOV 12 1940
Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3901 Maxwell Rd. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether)

In this community 2 yrs.
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. 3901 Maxwell Road
(If rural, give location)

(e) If foreign born, how long in U. S. A? no years.

3. (a) PRINT FULL NAME Lucy Catherine Always

(b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 18
year 1940 hour 11 minute 45 A.M.

4. Sex Female 5. Color or race wh

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

6. (b) Name of husband or wife ANNAIS ALWAYS 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased: 9 (Month) 20 (Day) 1851 (Year)

21. I hereby certify that I attended the deceased from Aug., 1939, to Oct. 17, 1940
that I last saw her alive on Oct. 17, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 10 Days 28 If less than one day
hr. min.

Immediate cause of death Myocardial Stenosis

Due to infirmity of old age

9. Birthplace: Summerset Kentucky
(City, town, or county) (State or foreign country)

Other conditions 92.6
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name William Arnett

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

14. Maiden name Elizabeth Cundy

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

16. (a) Informant Mrs. Leona Casady

(b) Address 341 So. Brighton

17. (a) Burial (b) Date thereof 10-19-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville - Mo

18. (a) Signature of funeral director John P. Sheil

(b) Address 666 E. 1st Ave.

22. If death was due to external causes, fill in the following: no

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

(b) Date of occurrence _____

19. (a) 10-19-40 (b) M. B. Brown
(Date received local registrar) (Registrar's signature)

(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 !

23. Signature Henry George (M. D. or other) _____
Address 2218 Broadway Date signed 10/19/40

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.