No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37684

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4282

DEC 11 1940

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: 1748 Summit (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether) 1

In this community life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 1748 Summit (If rural, give location)

0

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Lula May Pope

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

4. Sex female — 5. Color or race white — 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Lawrence Pope — 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August 11, 1879 (Month) (Day) (Year)

8. AGE: Years 61 — Months 2 — Days 28 — If less than one day ..... hr. ..... min.

9. Birthplace Peaksvill, Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation owner of rooming house 1

11. Industry or business 1

FATHER
12. Name George Washington Christy
13. Birthplace Louisville, Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Jane Shaffier
15. Birthplace Staunton, Virginia (City, town, or county) (State or foreign country)

16. (a) Informant John Floyd Day

(b) Address 210 No. Huttig, K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-40 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) 11-10-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1940 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from Nov 1, 1939, to Nov 9, 1940 that I last saw her alive on Nov 8, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myxo Sarcoma of peritoneum	5 mos.
Due to: Sarcoma of left ovary	11 mos.
Other conditions (Include pregnancy within 3 months of death)	

49

Major findings: Of operations [illegible] by [illegible]

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)

(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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature [illegible] (M. D. or other) M.D.

Address 922 [illegible] K.C. Mo. Date signed 11-8-40

(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

Harold L. Posson, Registered Apprentice No.

working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.