

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

(c) Name of hospital or institution:  
5935 Wornall Road, /  
(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) 22 years

In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

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

(d) Street No. 5935 Wornall Road, 8  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Miss Lena Culbertson

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive  years

7. Birth date of deceased May 4 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>8</u>	<u>28</u>	hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name William B. Culbertson

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

14. Maiden name Rada Morse

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

16. (a) Informant Mary Culbertson

(b) Address 5935 Wornall Road, Kansas City, Mo

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 2-4-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Feb 3, 1942  
(Date received local registrar)

(b) M. M. Crowe  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 2nd  
year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 8-30  
1932 to 2-2, 1942

that I last saw her alive on 1-28, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: communication with family  
Complete heart block

Due to 950

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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) \_\_\_\_\_

(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? \_\_\_\_\_

While at work: \_\_\_\_\_ (Specify place)  
Means of injury \_\_\_\_\_

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

Address 111 Union Bldg. Date signed 2/2-42

361

(Licensed Embalmer's Statement on Reverse Side)

Kansas City, Mo.

MANLEY

Dr. P. M. Krall, Dr. W. A. Mayors

William Boyd R.C.M.

11 30

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address R. C. 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.