S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1944

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30296

Registrar's No. 3897

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: Gen. Hosp. #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-16-44 99-22-44 (Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED: 47

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2215½ E. 18th St. 2
(If rural, give location)

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

If yes, name country: 10

3. (a) PRINT FULL NAME: Lizzie Salisburg

3. (b) If veteran, name war: None

3. (c) Social Security No. None

4. Sex: Female 5

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Wid. 7

6. (b) Name of husband or wife: unk.

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

7. Birth date of deceased: November 4, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	10	18	hr. min.

9. Birthplace: St. Louis, (City, town, or county) Missouri (State or foreign country) 10

10. Usual occupation: Unemployed

11. Industry or business:

FATHER
12. Name: Unknown 07
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 11

16. (a) Informant: Record Clerk
(b) Address: Gen. Hosp. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Mathews Bros.
(b) Address: 1729 Lydia Avenue

19. (a) 9-27-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1944 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1944 to Sept. 20, 1944 that I last saw her alive on Sept. 22, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic broncho pneumonia	
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Same as above

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: 0

23. Signature: H. O. Thomas (M.D. or other)
Address: Gen. Hosp. #2 600 E. 22nd Date signed 9-27-44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.