

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED JAN 31 1946
Registration District No. JAN 31 1946 Primary Registration District No. 1002

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

881

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:
Bluff at 10th & Summit 3
 (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) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 606 1/2 West 14th Street 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LILLIAN CAULK
 3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William Caulk 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased Jan. 2 1906
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>0</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Chas. Norton Randall

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

14. Maiden name Elizabeth McNealey

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

16. (a) Informant Mr. George Randall

(b) Address 606 1/2 West 14th Street

17. (a) Removal (b) Date thereof 1-15-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Nebraska

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

(b) Address 2332 Monitor Place, K.C., Mo.

19. (a) 1-15-46 (b) Staldine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive _____, 19____, and that death _____ on the date and in the place above stated.
 Immediate cause of death Acute Aspiration Pneumonitis

Due to Pneumonitis
 Cause unknown
 Other conditions pending - 1-8
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy See Above

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident (?)
 (b) Date of occurrence Jan. 12, 1946
 (c) Where did injury occur? Kansas City Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) Means of injury Unknown
 23. Signature A. E. Userer (M. D. or other) M.D.
 Address 2800 1 main Date signed 1/12/46

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

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..... *Blaine E. Weibert*

Licensed Embalmer No..... *4075*

P. O. Address..... *K.C.M.O.*

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.