

No. 2
9-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1897

FILED JAN 31 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 88

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:
617 East 14th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 years (Specify whether years, months or days)
In this community 18 years (Specify whether 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. 617 East 14th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Jennings Workup
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 1st year 1946 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from Dec 29-45, 1945, to Jan 1-46, 1946;
that I last saw her alive on Jan 1-46, 1946, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Col.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 1895
(Month) (Day) (Year)

Immediate cause of death
Lobar Pneumonia
Right Upper Lobe
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
50 45 _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

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?
Signed Geo W Hedgepeth MD
(Specify type of place) (e) Means of injury _____

MOTHER FATHER {
11. Industry or business _____
12. Name Grant Jennings
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

23. Signature Geo W Hedgepeth MD M. D. or other _____
Address 1619 E 12 Date signed 1-5-46

16. (a) Informant Jessie Trump
(b) Address 2306 Turner, K. C., K.
17. (a) burial (b) Date thereof 1/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Stathins Bros
(b) Address 1729 Lydia
19. (a) 1-7-46 Gerardine Holmes
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

1342

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

1-5-46

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.....

J. Manlove

Licensed Embalmer No.....

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.