

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

REGISTERED JUL 2 1946

Primary Registration District No. 1002

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:
1607A East 14th St.
(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)

In this community 20 Years

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. 1607A East 14th St. **8**
(If rural, give location)

(e) Citizen of foreign country? No **0**
(Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Lula Ellen Page

3. (b) If veteran, name war. No

3. (c) Social Security No. None

4. Sex Female **3** 5. Color or race Negro

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

6. (b) Name of husband or wife Eugene Page

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased February 10, 1912
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>4</u>	<u>13</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Alea Brown

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

14. Maiden name Julia Woodard

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

16. (a) Informant Eugene Page

(b) Address 1607A East 14th St.

17. (a) Burial (b) Date thereof 6/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Walter Long

(b) Address 1729 Lydia Ave.

19. (a) 6-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 11
1946 to June 13 1946

that I last saw her alive on June 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Mutual Regurgitation

Due to.....

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 type of place) (e) Means of injury

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

Address [Address] Date signed [Date]

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. Jerome Mealone
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.