

No. 2  
1-5-43  
5-17-39  
I X368

**FILED AUG 19 1946**  
Registration District No. **199**

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:  
**GENERAL HOSPITAL NO. 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days** (Specify whether years, months or days)

In this community **26 yrs.**

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. **914 E. 14th** **8**  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME **FANNIE LAMB**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **FEMALE** 5. Color or race **NEGRO**

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 **FEBRUARY 22, 1876**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **2**, year **1946** hour **5:** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **JULY 27,** 19**46** to **AUGUST 2,** 19**46**; that I last saw h **ER** alive on **AUGUST 2,** 19**46**; and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetic Acidosis** Duration \_\_\_\_\_

8. AGE: Years **58<sup>70</sup>** Months **5** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Diabetis Mellitus**  
**Hypertensive Heart Disease**

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

Other conditions **Carcinoma of Cervix**  
(Include pregnancy within 3 months of death)

9. Birthplace **COMO** **MISSISSIPPI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **None**

MOTHER FATHER {

12. Name **Unknown**

13. Birthplace **"** **7**  
(City, town, or county) (State or foreign country)

14. Maiden name **FANNIE**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **HERBERT GEORGE**

(b) Address **915 E. 14th St.**

17. (a) **Burial** (b) Date thereof **8-5-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park**

18. (a) Signature of funeral director **G. H. Jones**

(b) Address **2000 E. 12th St. K.C.Mo.**

19. (a) **8-5-46** (b) **Thelma Holmes**  
(Date received local registrar) (Registrar's signature)

Major findings: **Ca. of Cervix and Uterus**

Of operations \_\_\_\_\_

Of autopsy **48a**

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? \_\_\_\_\_

23. Signature **Frank Jones** (M. D. or other) **M.D.**  
Address **GENERAL HOSPITAL NO. 2** Date signed **8/3/46**

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

26053

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**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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

**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.