

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40537**

FILED JAN 7 1947

Registration District No. **177**

Primary Registration District No. **1002**

Registrar's No. **5405**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **K.C.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **General Hospital #2 0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 day**
 In this community **34 years**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **Jackson**
 (c) City or town **K.C.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2115 Campbell**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME **LULA CARNEY Davis**

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 **Divorced**
 6. (b) Name of husband or wife **Hugh Wilson**
 6. (c) Age of husband or wife if alive **55** years
 7. Birth date of deceased **7 14 - 1898**
 (Month) (Day) (Year)

8. AGE: Years **48** Months **5** Days **6**
 If less than one day hr. min.

9. Birthplace **Alderson O.K.I.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **House mail**

11. Industry or business

MOTHER FATHER
 12. Name **Sam Carney**
 13. Birthplace **Dant. Knowl.**
 14. Maiden name **Pasa Jefferson**
 15. Birthplace **Wilberton O.K.I.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Viola Nelson**
 (b) Address **1726 Harrison**
 17. (a) **Burial** (b) Date thereof **12-96-1946**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **LINCOLN CEM.**

18. (a) Signature of funeral director **Brady - Brown**
 (b) Address **1708 Tracy**
 19. (a) **12-26-46** (b) **Stallidine Holmes**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **20**
 year **1946** hour **5.50** minute **a. m.**

21. I hereby certify that I attended the deceased from **1946** to **1946**
 that I was present on **20 Dec 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **3rd Degree Burn**
Extensive body

Due to **181-15**
 Other conditions (Include pregnancy within 3 months of death)

Major findings: **No Perit**
 Of operations
 Of autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident 123**
 (b) Date of occurrence **12-19-46**
 (c) Where did injury occur? **N.C. Jackson - Mo**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home - 2115 Campbell St.
 (Specify type of place)
 While at work? **no** (e) Means of injury **Deputy Carney**
 Signature **A. Williams** (M. D. or other)
 Address **2636 Broadway** Date signed

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-24-46

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 C. E. Davis

Licensed Embalmer No. 4417

P. O. Address. J. E. Smith

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.