

FILED DEC 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40790

State File No. _____

Registration District No. 149Primary Registration District No. 1002Registrar's No. 5292

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:
2625 Elmwood
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 45 years
 years, months or days)

3. (a) PRINT
FULL NAMELucy Olive Posey3. (b) If veteran,
name war No3. (c) Social Security
No. none4. Sex female
5. Color or
race white6. (a) Single, widowed, married,
divorced widow6. (b) Name of husband or wife
William H.6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Sept. 24, 1861
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 2 21 _____ hr. _____ min.9. Birthplace Merdien Kans /
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Jeremiah Crowley /13. Birthplace Unknown /
(City, town, or county) (State or foreign country)14. Maiden name Susan Blevins /15. Birthplace unknown /
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Chas. E. King(b) Address 2625 Elmwood17. (a) Removal (b) Date thereof 12-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valley Falls, Kansas18. (a) Signature of funeral director C.H. Blackman & Son, Inc(b) Address 2825 Independence Blvd.19. (a) 12-17-46 (b) Geraldine Thomas
(Date received local registrar) (Registrar's signature)

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. 2625 Elmwood 8
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) 1
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 15
year 1946 hour 12 minute 15 P. M.21. I hereby certify that I attended the deceased from Jan 29
1946 to Feb. 15 1946
that I last saw her alive on Feb 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration

arterio-sclerotic
heart disease
Due to terminal pulmonary edema 6 hrs.

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 sta-
tistically.

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 Herbert Walenta (M. D. or other) _____
Address 1124 Poplar Blvd Date signed 12/17/46

*Dr. W. Valentine
Prof. Bldg.*

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 *H. O. Blackman*
Licensed Embalmer No. *3639*
P. O. Address *A. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.