

S. No. 2  
12-45  
5-17-39  
K 47070

FILED FEB 24 1947  
Registration District No. 1199

Primary Registration District No. 1002

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

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. 1 D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

In this community 50 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. 3033 Elmwood  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lulu Eshe, Lula

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Elwood Eshe

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug 23 1882  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>3</u>	<u>20</u>	hr. min.

9. Birthplace Howard County, Mo. D  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Preston C. Hughes

13. Birthplace unknown Ky. I  
(City, town, or county) (State or foreign country)

14. Maiden name Alice S. Louis

15. Birthplace Howard Co. Mo. D  
(City, town, or county) (State or foreign country)

(a) Informant Mr. R. O. Jackson

(b) Address 2419 Cleveland

17. (a) Burial (b) Date thereof 2-15-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herold Hills

18. (a) Signature of funeral director Walter J. Kelly - Eglar

(b) Address Kansas City, Mo.

19. (a) 2-15-47 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1947 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from Feb. 10, 1947, to Feb. 13, 1947,  
that I last saw her alive on Feb. 13, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Lobar pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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)

(c) Means of injury D

23. Signature Wm W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 2-14-47

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Dr. King

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 Allen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo

**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.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State File No. 4819

State of Missouri }  
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 707

On this 23rd day of November, 1956, before me appears

Mary Ellen Jackson, who, upon her oath, states that the original record of ~~birth~~ death for Lulu Eshe died February 13, 1947, in the State of Missouri, and which was filed at ~~Missouri~~ Kansas ~~City, Missouri~~ City, Missouri on Feb. 15, 1947, should be corrected as follows:

Item No. 3a should read Lula Eshe  
Instead of Lulu Eshe

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read Verified by Funeral Home  
Instead of \_\_\_\_\_ ve-11-23-56

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mary Ellen Jackson Daughter  
3033 Elmwood Al., Mo.  
Relationship  
Present Address.

Subscribed and sworn to before me this 23<sup>rd</sup> day of November, 1956.  
My Commission expires August 24, 1960 Bessie W. Smith Notary Public.

1. Affidavits containing erasures will not be accepted, draw one line through error and write above it.  
2. An item already amended once by affidavit cannot be amended again by affidavit.  
3. A surname is changed by court order or by adoption or legitimation procedures.

S-4819