

B. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26573

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3018

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Luke's Hospital
(d) Length of stay: In hospital or institution 5 days
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton
(c) City or town Lathrop
(d) Street No. _____
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lucy M. Roberts
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23
year 1948 hour 6 minute 00 A.M.

4. Sex Female
5. Color or race white
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 31 years 1873
7. Birth date of deceased August 31 1873

21. I hereby certify that I attended the deceased from July 17 1948 to July 23 1948
that I last saw her alive on July 22 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
74 10 22

Immediate cause of death Uremia
Duration 1 wk.

9. Birthplace Davis Missouri

Due to Myocardial failure 4 days
Chronic nephritis
Due to Arterio sclerotic heart disease over 1
Arterio sclerosis, generalized

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 13/0
Of autopsy none

11. Industry or business _____

12. Name Henry Bacon
13. Birthplace Unknown
14. Maiden name Sarah Roney
15. Birthplace Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant George Roberts
(b) Address Hamilton, Missouri

17. (a) Burial (b) Date thereof 7/25/48
(c) Place: burial or cremation Lathrop, Missouri

18. (a) Signature of funeral director: Crunk Funeral Home
(b) Address Cameron, Missouri

19. (a) 7-23-48 (b) Geraldine Johnson

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____
23. Signature _____ (M.D. or other)
Address _____ Date signed 7-23-48

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.....

Licensed Embalmer No.....

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.

10. Usual occupation Housewife
(City, town, or county) (State or foreign country)

11. Industry or business

MOTHER FATHER { 12. Name Henry Bacon

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

14. Maiden name Sarah Roney

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

16. (a) Informant Geo. Rount

(b) Address Hamilton mo

17. (a) burial (b) Date thereof 7-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lynchop mo

18. (a) Signature of funeral director Openk Home

(b) Address Camden mo

19. (a) 7-23-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

Other conditions none
(Include pregnancy within 3 months of death)

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?
(Specify type of place) _____

While at work? (c) Means of injury _____

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

Address 411 Lafayette Rd, J.C. Mo Date signed 7-23-48

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Harold L. Walker
working under my personal supervision.

Registered Apprentice No. *21*

Signed *Harold L. Walker*

Licensed Embalmer No. *2533*

P. O. Address *Common Gro.*

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.