

No. 2
M-5-43
5-17-39
X36671

FILED SEP 25 1948
Registration District No. 19849

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 Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hours
(Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Sedgewick
(c) City or town Wichita
(If outside city or town limits, write "RURAL")
(d) Street No. 1341 Ellis Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Miss Lucille B. Linesmith

3. (b) If veteran, name war No

3. (c) Social Security No. No Record

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased May 4 1920
(Month) (Day) (Year)

8. AGE: Years 28 Months 4 Days 12
If less than one day hr. min.

9. Birthplace Wichita Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Veterans Administration

11. Industry or business Civil Service

12. Name Ray B. Linesmith

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

14. Maiden name Eva May Davis

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

16. (a) Informant Mrs. Eva M. Linesmith

(b) Address Wichita, Kansas

17. (a) Burial (b) Date thereof 9-17-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita, Kansas

18. (a) Signature of funeral director W. H. Ferguson

(b) Address 1404 Brush Creek Blvd.

19. (a) 9-17-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16
year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from before, 19 , to , 19 ;
that I last saw h..... alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Bilateral Pneumonia
Duration

Due to Arrival return

Due to.....

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

Major findings: 93rd
Of operations.....

Of autopsy..... as above

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?..... (e) Means of injury 3

23. Signature J. J. [unclear] (M. D. or other)
Address 1424 N. [unclear] Date signed 9-17-48

SEP 27 1949

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 Robert Ray

Licensed Embalmer No. 4182

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.