

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **3841**

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3240 Smart
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 1 (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. 3240 Smart
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
 year 1939 hour 1:32 PM minute _____ M.

21. I hereby certify that I attended the deceased from Aug. 28
1939 to Oct 2, 1939
 that I last saw her alive on Sept 27, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac hyper-trophy & mitral insufficiency
 Due to Advanced age
 Due to _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

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) (a) Means of injury _____
 23. Signature E. H. Bullock (M. D. or other) _____
 Address 1300 E. Armour Blvd. Date signed _____

3. (a) PRINT FULL NAME Mrs. Mary Jane Lappin 150

3. (b) If veteran, name war None -- 3. (c) Social Security No. None --

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife George M. Lappin 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Feb. 3rd 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace _____ Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business --

MOTHER FATHER { 12. Name Thomas Wheeler

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Alvin Lappin,
 (b) Address 3240 Smart, K.C. Mo.

17. (a) Burial (b) Date thereof Oct. 5th,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc
 (b) Address 2825 Inden. Blvd. K.C. Mo.

19. (a) 10-4-39 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

E. N. Blacklock
Ridge City

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 J. H. Blackman

Licensed Embalmer No. 3639

P. O. Address R. C. No

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, above space should be left blank.