

REG. DIST. NO. 399

Primary Registration District No. 1002

Registrar's No. 1062

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 # 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2-5-40-3-5-40
 (Specify whether years, months or days) 55 years

3. (a) PRINT FULL NAME Minnie Lomax 52A3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widow6. (b) Name of husband or wife widow 6. (c) Age of husband or wife if alive years7. Birth date of deceased April 25, 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 10 11 hr. min.9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)10. Usual occupation Housework

11. Industry or business

MOTHER FATHER
 { 12. Name Andrew Younger
 { 18. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Sallie
 { 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk(b) Address General Hospital No. 217. (a) Burial (b) Date thereof 3-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Highland Cemetery18. (a) Signature of funeral director M. B. Moore(b) Address 1820 E. 15th Street19. (a) Mch 7, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 1724 Campbell
(If rural, give location)(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 40 hour 11 minute 25 A. M.21. I hereby certify that I attended the deceased from
2-5-40, 1940 to 3-5-, 1940that I last saw her alive on 3-5-, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Hypertensive Type Duration
Heart Disease with DecompensationDue to 95 B

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 statistically

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) Means of injury 123. Signature J. O. Brown (M. D. or other)Address Gen. Hosp. # 2 Date signed 3-7-40

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

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.

1 X1951

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 AB Moss
AB Moss, Registered Apprentice No. _____
working under my personal supervision.

Signed

AB Moss

Licensed Embalmer No. 2410

P. O. Address 1870 East 18th St

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.