

SEP 5 1940 399
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3372

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: 1511 Lydia 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 44 yrs.
years, months or days

3. (a) PRINT FULL NAME Lydia Starks 362

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

4. Sex Fe 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Starks 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 15 1888 1886
(Month) (Day) (Year)

8. AGE: Years 54 20 Months — Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Lexington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business _____

12. Name Henry Evans

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

14. Maiden name Martha Slaughter

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

16. (a) Informant Mary Evans Caul

(b) Address 1511 Lydia

17. (a) burial (b) Date thereof 8/27/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. Aug. 27, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1511 Lydia
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 8-16-1940
to 8-23-1940
that I last saw her alive on 8-23- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Type I Heart Disease

Due to _____
Due to _____

Other conditions: Uremia
(Include pregnancy within 3 months of death) 4 days

Major findings: Chronic Nephritis
Of operations none

Of autopsy no

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? _____ (Specify means of injury) _____

23. Signature J. J. Wells (M. D. or other) _____
Address 1605 E 78th Rd Date signed _____

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

MOTHER FATHER

Dr. Wells

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

Isaac Jerome Mansoor

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd 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, fact should be so stated above.