

Registration District No. 402

Primary Registration District No. 5553B

1. PLACE OF DEATH:

(a) County Jackson Prairie
(b) City or town Little Blue Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson Co Home (Cal)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1940 hour 10 AM minute AM
21. I hereby certify that I attended the deceased from Aug 19, 1940 to Aug 19, 1940
that I last saw him alive on Aug 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage & Paralysis

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature L.W. Booker (M. D. or other) _____
Address 2028 Union St Date signed 8/19/40

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

3. (a) PRINT FULL NAME LULA J. LEWIS
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced Don't know
6. (b) Name of husband or wife Don't know 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 57 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Domestic

11. Industry or business Home

MOTHER FATHER { 12. Name Don't know
13. Birthplace Don't know (City, town, or county) _____ (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) _____ (State or foreign country)

16. (a) Informant County Health Record

(b) Address Little Blue Mo

17. (a) Terrace (b) Date thereof 8 23 40
(Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Wm Greenstreet
(b) Address KC Mo
19. (a) 8-23-40 (b) Lula J. Lewis
(Date received local registrar) (Registrar's signature)

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

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:

Edw. G. Evans

Licensed Embalmer No. *3836*

P. O. Address *1819 E. 15th KC2*

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.