

NOV 12 1940

Primary Registration District No. 1002

Registrar's No. 4144

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
(Specify whether
In this community 24 days
years, months or days)

3. (a) PRINT FULL NAME Dr. Lucy Bement

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. No.

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

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

7. Birth date of deceased June 22 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 8 hr. _____ min.

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

10. Usual occupation Physician

11. Industry or business X

MOTHER FATHER { 12. Name Lorenzo C. Bement
13. Birthplace Connecticut
(City, town, or county) (State or foreign country)
14. Maiden name Ann Willis
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances Bement

(b) Address Bay Village, Ohio

17. (a) Removal (b) Date thereof 10-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bay Village, Ohio

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Oct. 30, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County _____
(c) City or town Bay Village
(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. ? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30th
year 1940 hour 1 minute 55 P. M.

21. I hereby certify that I attended the deceased from Oct 5
1940 to Oct 30 1940
that I last saw her alive on Oct 30 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis
Cerebral encephalomalacia

Due to 820
Due to _____

Other conditions Hypertensive pneumonia 3 days
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature Lucy Bement (M. D. or other) _____
Address 901 Westport road Date signed 10/30/40

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 _____

Licensed Embalmer No. 1415

P. O. Address K. E. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.