S. No. 2
—11-10-39
5-17-39
FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

41452

State File No. 4845

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No.

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

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: 3638 Jackson Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether years, months or days) In this community 68 Years

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. 3638 Jackson Avenue (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mrs. Lucy May Harford

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dr. D. P. Harford

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased December (Month) 2 (Day) 1872 (Year)

8. AGE: Years 68 | Months 0 | Days 18 | If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name Henry W. Storms
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Louise Price
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Henry M Harford

(b) Address 4315 Holly Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1940 (Month) (Day) (Year)

(c) Place, burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-21-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th year 1940 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from thru 1938 1939 and 1940, 19__, to ___, 19__; that I last saw her alive on Dec 16/1940, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma left Breast with

Due to Metastases in Brain, Chest, Bones, Abdominal organs.

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma left Breast

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John Ogilvie (M. D. or other)

Address 730 Prof. Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

130 Professional Bldg.
1:30. 5:30

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

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.