

APR 15 1941

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 839

48  
3  
8  
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:  
1628 Oakley  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Years  
(Specify whether years, months or days)

In this community 15 Years  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Lydia B. Shouse

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe. 5. Color or race Wh.

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

6. (b) Name of husband or wife William Shouse

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased February 1, 1883  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>58</u>	<u>0</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business At Home

12. Name Thos. Miller

13. Birthplace Missouri  
(State or foreign country)

14. Maiden name Edna H. Miller

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

16. (a) Informant Wm. Shouse

(b) Address 1628 Oakley

17. (a) Burial (b) Date thereof March 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 3/3/41 (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. 1628 Oakley  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 28  
year 1941 hour 4 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 10/9/37 to 2/28/41  
and that death occurred on the date and hour stated above.

that I last saw her alive on 2/25 1941

Immediate cause of death Fibronia of Lethargy Duration 4 yrs

Due to \_\_\_\_\_

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? \_\_\_\_\_

23. Signature James J. Smith (Specify type of place) \_\_\_\_\_  
Address 218 Professional Bldg. (M. D. or other) \_\_\_\_\_

Date signed 3/1/41

*John D. Blackman  
Prop. Embalmer*

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**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..... *John D. Blackman* .....

Licensed Embalmer No. 3639 .....

P. O. Address Kansas City, 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, fact should be so stated above.**