

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3317 Bales, K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 Non-Resident
years, months or days)

8. (a) PRINT FULL NAME Lucy Lee Dumas

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 20, 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation House Keeper

11. Industry or business

12. Name Wm Yancy
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Yancy
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs G C Burrell
(b) Address 3317 Bales

17. (a) Burial (b) Date thereof 3/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation At home, Mo.

18. (a) Signature of funeral director Ruth Saffner
(b) Address Garden City, Mo.

19. (a) 3/24/1941 (b) Mrs G C Burrell
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass Co
(c) City or town Rural Garden City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6 1/2 mi. so. of Garden City
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

1941 MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 24
year 3 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from Dec 10
1940 to Mar 24, 1941;
that I last saw her alive on Mar 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis 2 years
Due to arteriosclerosis
Cerebral thrombosis 3 1/2 months
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 12 1/2

Major findings: Of operations 12 1/2
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? _____

While at work? _____ (Specify type of place) (e) Means of injury D
28. Signature John F. Caldwell (M. D. or other) MD
Address Kansas City, Mo. Date signed 3/24/41

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

18 Mrs

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.....

P. O. Address.....

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.