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APR 15 1941
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1272

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:
2841 Holmes Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 41 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Lucinda Roney

3. (b) If veteran, name war No

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

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

7. Birth date of deceased September 2, 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>72</u> | <u>6</u> | <u>29</u> | hr. min. |

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Eli Truitt

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Martha Hanby

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

16. (a) Informant Mrs. Velma Bennett

(b) Address 2841 Holmes Street

17. (a) Burial (b) Date thereof 4-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd Street

19. (a) 3/31/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2841 Holmes Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? 41 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st
year 1941 hour 12 minute 35 M.

21. I hereby certify that I attended the deceased 28th March 1941 to March 31st 1941
that I last saw her alive on March 30th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal Disease
Renovascular Disease

Due to Renovascular Disease ?

Due to 12/1

Other conditions 12/1
(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 L. H. Jones (M. D. or other) 3/31/41
Address 230 Argyle St. City Date signed 3/31/41

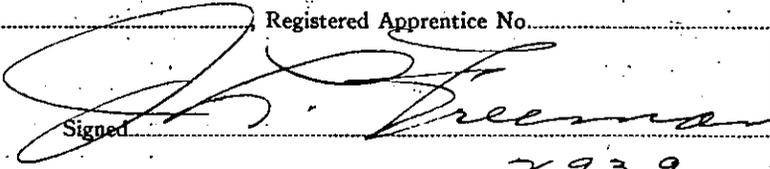
3:00 PM 70 4 15 50
C. Freeman

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed 

..... Licensed Embalmer No. 2939

..... P. O. Address 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, fact should be so stated above.