No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24229

FILED AUG 16 1941

Registration District No. 99

Primary Registration District No. 100

Registrar's No. 2768

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:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-20-41-7-22-41 (Specify whether
In this community 25 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 042

(a) State Mo. (b) County Jackson 3

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

(d) Street No. 926 Troost Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lula Christian

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female 3

5. Color or race Negro

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

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

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

7. Birth date of deceased 8 (Month) 6 (Day) 1895 (Year)

8. AGE: Years 65 Months 11 Days 16 If less than one day hr. min.

9. Birthplace Fulton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Young
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland C

18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E 18th St

19. (a) 7/24/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 22
year 41 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from 7-20- 1941, to 7-22- 1941;
that I last saw her alive on 7-22- 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Coma of 48 hours or more duration.	
Due to: Possible Intraventricular	
Due to: Hemorrhage.	
Other conditions (Include pregnancy within 3 months of death) 61 61	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature R. C. Quinn (M. D. or other) D
Address Gen. Hosp. #2 Date signed 7-22-41

(Licensed Embalmer's Statement on Reverse Side)

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 me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 st S

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.