No. 2
-1-4-41
5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27531

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3189

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:
2437 Lister
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 yrs /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

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

(d) Street No. 2437 Lister
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lydia Ann Holmden

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Femal /

5. Color or race White

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

6. (b) Name of husband or wife Richard J. Holmden

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. 26 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	5	28	..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business At Home

FATHER
12. Name George Shirley
13. Birthplace ..... (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Marguret Denny
15. Birthplace ..... (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant Mr. Richard J. Holmden
(b) Address 2437 Lister

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park K. C. K.

18. (a) Signature of funeral director Mrs. E. L. Forster
(b) Address 918 Brooklyn

19. (a) 8/25/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1941 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Aug 2, 1937, 19..., to Aug 24, 1941
that I last saw her alive on Aug 24, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized metastases from a Primary Carcinoma of Left Breast — Duration 5 yrs

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy Some Metastases to all bony Sermons of body.

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 Ralph Perry MD (M. D. or other) D
Address 4800 E 24 Date signed 8-25-41

(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.....

....., 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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.