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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33933

Registration District No. 379

Primary Registration District No. 100

Registrar's No. 3873

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution:  
712 Denver  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 25 Years / (Specify whether  
 In this community years, months or days)

3. (a) PRINT FULL NAME LOLIA WOODIE SHOWALTER

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cameron L. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased August 12, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>2</u>	<u>3</u>	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

12. Name J. E. Duzan

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

14. Maiden name Ruth Ann Rogers

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

16. (a) Informant Cameron L. Showalter

(b) Address 712 Denver

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

(c) Place: burial or cremation Rich Hill, Missouri

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

(b) Address 2825 Indep. Blvd. K. C. Mo.

19. (a) 10/16/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 712 Denver (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15,  
year 1941 hour 10 minute 56 A.M.

21. I hereby certify that I attended the deceased from Oct 2nd, 1941, to Oct 15th, 1941;  
that I last saw her alive on Oct 15th, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Exhaustion

Due to Toxemia and secondary anemia  
Due to Gall. bladder disease and diverticulum colon

Other conditions 127 1/2  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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) (e) Means of injury

23. Signature Hollis S. Thomas (M. D. or other) D

Address 714 Bryant Bldg. K.C. Mo Date signed 10/16/41

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

MOTHER FATHER

**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..... *H. D. Blackman*.....

Licensed Embalmer No..... *3639*.....

P. O. Address..... *K. C. Mo*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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