

Registration District No. **399**

Primary Registration District No. **1002**

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: **1130A. Montgall**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **22 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1130A. Montgall**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **LAURA JOSEPHINE LEMON**

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 **Widowed**

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

7. Birth date of deceased **Jan. 25, 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **8** Days **22** If less than one day hr. _____ min.

9. Birthplace **Benton County Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business **None**

12. Name **William P. Rippetoe**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Keith**

15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Rada Walker**
(b) Address **1130 A Montgall**

17. (a) **Burial** (b) Date thereof **10/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **C. H. BLACKMAN & SON, INC**
(b) Address **2825 Indep. Blvd. Kansas City, Mo**

19. (a) **10/20/41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **17.** year **1941** hour **9 p. m.** minute _____ M.

21. I hereby certify that I attended the deceased from **Aug 18, 1941** to **Oct 17, 1941** that I last saw h **alive on** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombocytopenic purpura**

Due to **99**

Due to _____

Other conditions **General arteriosclerosis**
(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) While at work? _____ (e) Means of injury _____

23. Signature **M. M. Crowe** (M. D. or other) **10/20/41**
Address _____ Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18
33
8

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 Wilton L. Kessler

Licensed Embalmer No. 4225

P. O. Address Independence, 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.