

FILED FEB 11 1942

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 253

e. 5427

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: 1522 Virginia /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years  
(Specify whether years, months or days)

In this community 40 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1522 Virginia  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT NAME Lula Mosby Todd Robinson  
FULL NAME

MEDICAL CERTIFICATION

3. (b) If veteran, name war. None

3. (c) Social Security No. None

20. DATE OF DEATH, Month January day 17th  
year 1942 hour 9 minute 15 A. M.

4. Sex Male 5. Color Col  
race 0

21. I hereby certify that I attended the deceased from Dec-19-  
1941 to Jan-15- 1942  
that I last saw her alive on Jan-14 1942  
and that death occurred on the date and hour stated above.

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

6. (c) Age of husband or wife if alive 11 years  
(Month) (Day) (Year)

Immediate cause of death Cardiac Arrest  
Complicated with renal trouble 2 years  
acute hepatitis with cystitis

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>6</u>	
				hr. min.

Due to renal condition & etc.

9. Birthplace Fayette 0 Missouri  
(City, town, or county) (State or foreign country)

Due to 9:00

10. Usual occupation.....

Other conditions None  
(Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: 719-W-378A  
W 25427

12. Name Hughes

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

Of autopsy.....

14. Maiden name.....

15. Birthplace 0 Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN Dr. J. M. Hutcherson M.D.

16. (a) Informant Mattie Greer  
(b) Address 1522 Virginia

Underline the cause to which death should be charged statistically.

17. (a) burial (b) Date thereof 1/19/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?.....

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Hughes Bros.  
(b) Address 1729 Lydia

While at work?.....  
(Specify type of place)

(e) Means of injury.....

19. (a) 1/19/42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature 0 (M. D. or other).....  
Address..... Date signed.....

**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. *3994*

P. O. Address *2583 Highland*

**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.**