

FILED MAP 9 1943 99

Primary Registration District No. 1002

Registrar's No. _____

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 Hrs.
(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. 2518 Forest Avenue
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30th
 year 1942 hour 11 minute 15 P. M.
 21. I hereby certify that I attended the deceased from 1-30-42 19 to 1-30-42 19;
 that I last saw her alive on 1-30-42 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Hypertension

Due to _____
 Due to Ba
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy None

Duration

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature Dr. R. Crowe (M. D. or other)
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME Mrs WILBER WELLYE LYNN

3. (b) If veteran, name war None 3. (c) Social Security No. 381-05-1174

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mr. James C. Lynn 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased May 19 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 8 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation Saleslady

11. Industry or business Jones Store Company

MOTHER FATHER { 12. Name John Wilber
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James C. Lynn
 (b) Address 2518 Forest Avenue

17. (a) Burial (b) Date thereof Feb. 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomb, S.S.
 (b) Address 1401 Brush Creek Bldg.
 19. (a) 2-2-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

me

JUL 13 1954

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.....

C. Hervey Quisenberry

Licensed Embalmer No.

4070

P. O. Address.....

H. C. 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.