

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2203

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-30-42-6-2-42
(Specify whether years, months or days) 23 years

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. 1519 Lydia
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME LUCY B. EDWARDS (SEELE)

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, divorced

6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive, years 15

7. Birth date of deceased January 15 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 4 Days 18 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Richard Kelly
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucy A. Johnson
15. Birthplace Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Removal (b) Date thereof 6-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shipped to Dallas Tex.

18. (a) Signature of funeral director Brady & Brown

(b) Address 1708 Tracy Ave.

19. (a) 6-4-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1942 hour 5 minute 00 p. M.

21. I hereby certify that I attended the deceased from May 30 1942 to June 2 1942;
that I last saw her alive on June 2 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration

Due to Hypertensive type heart disease

Due to 937

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
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) (Means of injury)

23. Signature [Signature] (M. D. or other)
Address San. Y. Hosp #2-60822 Date signed 6-3-42

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

49
W
80

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 with the above constitutes grounds for revocation of license.)

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