

FILED DEC 29 1942
Registration District No. **149**

Primary Registration District No. **1002**

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: **Lakeside Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days)

In this community **25 years**

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson** **3**

(c) City or town **Kansas City** **F**
(If outside city or town limits, write "RURAL")

(d) Street No. **3325 Wyandotte**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **LULA SMITH**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ray Smith**

6. (c) Age of husband or wife if alive **42 1/2 years**

7. Birth date of deceased **September 24th 1898**
(Month) (Day) (Year)

8. AGE: Years **44** Months **3** Days **26** If less than one day **hr. min.**

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER {

12. Name **Thomas Young**

13. Birthplace **Richmond, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Sallie Schooler**

15. Birthplace **Richmond, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Ray Smith**

(b) Address **3325 Wyandotte**

17. (a) **Burial** (b) Date thereof **12/15/1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Moriah Cemetery**

18. (a) Signature of funeral director **Quinn & Tobin**

(b) Address **20 West Linwood**

19. (a) **12-14-42** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13th**
year **1942** hour **11:** minute **45** A.M.

21. I hereby certify that I attended the deceased from **12/3/42**
19 **12** to **12/13** 19 **42**
that I last saw h **W** alive on **12/13** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculous Congestion** **7 days**

Due to **Pneumonia - Bronchial** **12 days**

Due to **Chronic Myocarditis**

Other conditions **Chronic Hypertension**
(Include pregnancy within 3 months of death) **13/B**

PHYSICIAN

Major findings: **13/B**

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)

(e) Means of injury

23. Signature **Dr. J. H. ...** (M.D. or other)

Address **3034 ...** Date signed **12/14/42**

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 *Jack W. Laybourn*
Licensed Embalmer No. *1775*

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.