

FILED FEB 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 761

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: 10-4-42-1-26-43
(Specify whether years, months or days) 31 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. 2703 E. 54
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME LILLIE BELL SHEPPARD

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

4. Sex Fe 5. Color or race 3 Col 6. (a) Single, widowed, married, divorced. 2 Widowed

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

7. Birth date of deceased April 17 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 9 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

12. Name Edward McGeorge

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

14. Maiden name Louis Chateau

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/13/43
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Starkins Bros

(b) Address 1729 Lydia

19. (a) 2-13-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1943 hour 12:20 minute 0 P. M.

21. I hereby certify that I attended the deceased from October 4 1942 to January 26 1943;

that I last saw her alive on January 26 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration

Due to Arteriosclerotic nephritis

Due to Arteriosclerosis 131a

Other conditions Senile Psychosis
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature G. J. Daniel (M. D. or other)

Address Gen. Hosp. #2-6NE22 Date signed 2-1-43

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

MOTHER FATHER

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 *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *350 3rd 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.