

FILED JUN 24 1943

Primary Registration District No. 1002

X35697

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: Home 828 Benton
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

3. (a) PRINT FULL NAME LYDA G. STERRETT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Fe

5. Color or race wh

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

6. (b) Name of husband or wife Husband James U. Sterrett

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased. Feb 16 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business Harry H. Justus

12. Name _____

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

14. Maiden name Sperry

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

16. (a) Informant James U. Sterrett (State or foreign country)

(b) Address 828 Benton Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 6-11-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 98

(a) State Missouri (b) County Jackson

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

(d) Street No. 828 Benton Blvd
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th
year 1943 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from January 1943 to time of death, 1943; that I last saw her alive on June 9th, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Thromb

Due to Carcinoma

Due to 4/6

Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Of operations _____

Of autopsy Carcinoma of pancreas spleen and stomach

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 Mabel Anderson P.O. 12
(M.D. or other) (M.D. or other)

Address 623 Shubert Bldg Date signed 6-10-43

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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..... *Chas E. Wilks*

Licensed Embalmer No. *2644*

P. O. Address. *1800 Linwood*

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.