

**FILED** AUG 6 1943  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3146

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Liberty  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Conley Clinical Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: 7 days in hospital or institution. 7 days Specify whether  
years, months or days

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay <sup>24</sup>

(c) City or town Liberty <sup>1</sup>  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUTIE DELLE TABOR

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single widowed, married, divorced 1

6. (b) Name of husband or wife A. J. Tabor

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept 4 1868  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>10</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Lillian West

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

14. Maiden name Ruth Litch Logan

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

16. (a) Informant A. J. Tabor

(b) Address Liberty Mo.

17. (a) Removal (b) Date thereof 7-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kearney Mo

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Trost Rd. Mo.

19. (a) 7-17-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14<sup>th</sup>  
year 1943 hour eleven minute 15 AM.

21. I hereby certify that I attended the deceased from July 7  
1943, to July 14, 1943;  
that I last saw her alive on July 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Chronic Myocarditis

Due to 1246

Other conditions Cholecystectomy  
(Include pregnancy within 3 months of death)

Major findings: Beginning Hepatic Cirrhosis

Of operations: Chronic cholecystitis & adhesions to Colon

Of autopsy \_\_\_\_\_

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 Lyle H. Cook, D.O. (M. D. or other) \_\_\_\_\_

Address 1160 W. 47<sup>th</sup> K.C., MO. Date signed 7-17-43

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..... *Guy T. Buffington*.....

Licensed Embalmer No. *2756*.....

P. O. Address *K 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.**