S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30061

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3685

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: 1310 Armour Blvd.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 20 years 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 3015 E. 6th St., 8
(If rural, give location)

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

3. (a) PRINT FULL NAME: LULU DANIELS

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

3. (c) Social Security No.: none

4. Sex: Fe. 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow 0

6. (b) Name of husband or wife: unknown

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

7. Birth date of deceased: March 9, 1871 (Month) (Day) (Year)

8. AGE: Years 73 | Months 6 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace: (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation: Homemaker

11. Industry or business: None

MOTHER FATHER

12. Name: Unknown

13. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant: M. C. Stapp 1

(b) Address: 3008 E. 10th

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: Sept. 12, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: C. H. Blackmer & Son, Inc.

(b) Address: Kansas City, Mo.

19. (a) 9-12-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10 year 1944 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from ~~Aug.~~ Aug. 16, 1944, to ~~Aug.~~ Sept. 10, 1944 that I last saw her alive on Sept. 9, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Uterus	6 mo
Due to:	
Due to: 4 x d	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Carcinoma of Uterus – (March, 1944)

Of autopsy: None

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? (Specify type of place)

(e) While at work? (f) Means of injury

23. Signature: Kenneth A. Davis (M. D. or other) MD

Address: Plaza Theater Bldg. Kansas City, Mo. Date signed 9-12-44

(Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

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.