

FILED OCT 29 1944

4180

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
3036 FORREST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years
years, months or days)

3. (a) PRINT FULL NAME EMMA LOBB
(b) If veteran, name war no
(c) Social Security No. None

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife MANSON LOBB
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 27 1862
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 30 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Lewis McRay
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Tracy
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Anderson
(b) Address 3036 Forrest KEMO

17. (a) Burial (b) Date thereof 10 19 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LOBB CEMETERY

18. (a) Signature of funeral director Geo E Carson

(b) Address Independence Mo

19. (a) 10-17-44 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JACKSON
(c) City or town KANSAS CITY Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3036 FORREST
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1944 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from 6-1-44
1944 to 10-17- 1944
that I last saw her alive on 10-16 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Copstion Heart failure
Due to Mitral insufficiency
Due to _____

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 E. P. Parker (M. D. or other) _____
Address 3036 Forrest K. E. Mo. Date signed 10-17-44

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

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 Floyd C. Benson
Licensed Embalmer No. 7199
P. O. Address Independence, 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.