. S. No. 2
OM—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12813

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 1622

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:
Lake Side Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community 9 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 5421 Wyandott
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Alice Lybarger

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Geo. W. Lybarger

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

7. Birth date of deceased May (Month) 16 (Day) 1861 (Year)

8. AGE: Years 83 Months 10 Days ~~24~~ 23 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Geo. Conrad Speece
13. Birthplace Boston Mass (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Elizabeth Harvey
15. Birthplace Unknown (City, town, or county) (State or foreign country) 6

16. (a) Informant Mr. Charles W. Prince
(b) Address 5421 Wyandott Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/11/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address Kansas City, Missouri

19. (a) 4-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1945 hour 7:10 minute P. M.

21. I hereby certify that I attended the deceased from 8-25-1944 to April 9, 1945
that I last saw her alive on Apr. 8, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia — Duration 4 days
Uremic Poisoning — 1 wk

Due to Urinary Retention

Due to

Other conditions Fractured Rt. Hip 8 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186-a-5
18
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) Accident 23
(b) Date of occurrence 8-21-44
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
While at work? (e) Means of injury Fall

23. Signature G. F. Pease (M.D. or other) D.O.
Address K. C. Mo. Date signed

(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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

409 Worthy: Con Bldg
any time this gets