

FILED JUN 19 1945

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 144

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Independence Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days)
In this community **2 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(If outside city or town limits, write "RURAL")
(d) Street No. **308 S. Pleasant**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT **LYDIA ANN ROMNEY**
FULL NAME

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Thomas Romney** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **April 3 1879**
(Month) (Day) (Year)

8. AGE: Years **66** Months **1** Days **14** If less than one day hr. min.

9. Birthplace **Toquerville Utah**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER
12. Name **Conrad naylor**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Pauline Beck**
15. Birthplace **Berlin Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Romney**
(b) Address **308 S Pleasant**

17. (a) **Removal** (b) Date thereof **5 20 45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ches Lake City, Utah**

18. (a) Signature of funeral director **Geo. C. Carson Funeral Home**
(b) Address **Independence Missouri**

19. (a) **5/19/45** (b) **James W. Ross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**
year **1945** hour **6** minute **30 P** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death. **Acute Cardiac dilatation with heart failure** 5 days
Due to **chronic myocarditis** years
Due to **Bronchitis** years
Other conditions **Terminal Bronchopneumonia** 3 days
(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) (b) Means of injury _____
23. Signature **Vance E. Lark, M.D.** (M. D. or other)
Address **129 W. Lexington, Independence, Mo** Date signed **5/19/45**

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

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1163

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 *George C. Carson*

Licensed Embalmer No. *2349*

P.O. Address *Ind. Dependence*

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.