

STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1945

Registration District No. 199

Primary Registration District No. 1002

State File No.

23077

Registrar's No.

2894

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:
Kansas City Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yrs. 3 mos.
(Specify whether years, months or days)
In this community 5 years 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay 24
(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. No

3. (a) PRINT FULL NAME Ethel J. Luke

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased July 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75. 11 14 hr. min.

9. Birthplace Kearney Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher (retired)
Schools

11. Industry or business

12. Name John W. Luke

13. Birthplace Unknown Ky. 1
(State or foreign country)

14. Maiden name Ellen Carter

15. Birthplace Unknown Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Graham

(b) Address Liberty, Mo.

17. (a) Removal (b) Date thereof 7/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty, Mo.

18. (a) Signature of funeral director O.J. Carder Jr.

(b) Address 119 E. Franklin St. Liberty

19. (a) 7-10-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1945 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from 4-11-42
1942 to 7-6-45 1945;
that I last saw her alive on 7-5-45 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to.....

Due to.....
Other conditions (Include pregnancy within 3 months of death) 97

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 [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 7-6-45

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

MOTHER FATHER

AUG 23 1945

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

J. Gardner Jr.

Licensed Embalmer No.

3934

P. O. Address

Liberty, 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.