

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

Registration District No. **1002**

Primary Registration District No. **1002**

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:
4919 Westwood Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.**
In this community **33 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson, 48**

(c) City or town **Kansas City 2**
(If outside city or town limits, write "RURAL")

(d) Street No. **4919 Westwood Road 8**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Mrs. Lulu M. Shelby**

3. (b) If veteran, name war **no.** **3. (c) Social Security** No. **no.**

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **January** day **21**
year **1946** hour **1:25** minute **P.** M.

4. Sex **female** **5. Color or race** **white**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **D. H. Shelby** **6. (c) Age of husband or wife if alive** **76** years

7. Birth date of deceased **October 31 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 25** to **Jan 21** **1946**
that I last saw her alive on **Jan 21** **1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**

Duration

8. AGE: Years **76** Months **2** Days **20**
If less than one day **hr.** **min.**

Due to.....

Due to.....

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

Other conditions **46%**
(Include pregnancy within 3 months of death)

Major findings: **Ca of Stomach** **Physician**
Of operations **insuperable**
Of autopsy

Underline the cause to which death should be charged statistically.

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **Robert McGowan**

13. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Rachael -**

15. Birthplace **unknown 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. H. Shelby**

(b) Address **4919 Westwood Rd., K. C., Mo.**

17. (a) burial **(b) Date thereof** **1-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

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)

While at work..... (e) Means of injury.....

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 1-23-46 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** **(M. D. or other)** **Mod.**
Address **14 E-2 mo** **Date signed** **1/24/46**

*Med Plaza
Bldg*

Dr. H. P. Boughnow

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 *[Signature]*.....

Licensed Embalmer No. *1415*.....

P. O. Address *19 C 1100*.....

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.