. No. 2
M—2-43
5-17-39
I X35697

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

4873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5889

Registration District No. 149 Primary Registration District No. 1002 , Registrar's No. 712

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:
Wheatley Hosp. 0
(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 10 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2308 Brooklyn 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lula Stamps
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 3
5. Color or race negro
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Rev. C. S. Stamps
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased Aug. (Month) 11 (Day) 1906 (Year)

8. AGE: Years 39 Months 5 Days 26 If less than one day hr. min.

9. Birthplace Jackson, Miss. (City, town, or county) (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Marion Lewis 1
13. Birthplace Mississippi (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lillie Waters
15. Birthplace Mississippi (City, town, or county) (State or foreign country) 1
16. (a) Informant Rev. C. S. Stamps
(b) Address 2308 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/46 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave
19. (a) 2-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th
year 1946 hour 6:30 minute A.M.
21. I hereby certify that I attended the deceased from 2-6 1946 to 2-7 1946
that I last saw her alive on 2-7 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Streptococcus Sepsis	1 wk
Due to: Infection	
Due to:	
Other conditions: Myocardial Failure (Include pregnancy within 3 months of death)	1 day

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature J. Bettelli (M.D.)
Address 21 E 15th Date signed 2-11-46

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.