

FILED MAR 2 1946

Registration District No. 149

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 2715 East 54th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
In this community 60 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucy Murphy Warden

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

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Steve P Warden 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Oct 3 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Lexington Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ms Steve P Warden

(b) Address 1510 Michigan

17. (a) Burial (b) Date thereof 2-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cem H

18. (a) Signature of funeral director A.B. Moor

(b) Address 1820 East 18th

19. (a) 2-11-46 (b) S Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2715 E 54th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1946 hour 10:15 minute 0 a. M.

21. I hereby certify that I attended the deceased from Feb 3-46
to Feb 4-46
that I last saw her alive on Feb 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Due to acute Dilatation of Heart
Due to Intestinal Obstruction (locked bowels)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 22-6-2
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

23. Signature L.P. Richardson (M. D. or other)
Address 1801- Vine Date signed 2-9-46

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

4913

10524
L91

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..... *AB Moore*

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18th*

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.