S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29848

Registration District No. 72 Primary Registration District No. 4289 Registrar's No. 89

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City RR. 5
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.R. #5 N.K.C. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether In this community 3 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town North Kansas City Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RR. 5 N.K.C. 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Nora L. Lemon

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Harold Lemon

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb. (Month) 20 (Day) 1895 (Year)

8. AGE: Years 51 Months 6 Days 12 If less than one day ✓ hr. ✓ min.

9. Birthplace Bowlingreen (City, town, or county) mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Self.

FATHER
12. Name Thomas Riley
13. Birthplace (City, town, or county) neb. (State or foreign country)

MOTHER
14. Maiden name Aurliad Mettert.
15. Birthplace Hamilton (City, town, or county) mo (State or foreign country)

16. (a) Informant Mrs Thomas Riley
(b) Address RR. #5 North Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4 1946 (Month) (Day) (Year)
(c) Place: burial or cremation East Slope Cem NKC

18. (a) Signature of funeral director Smith's Funeral Home
(b) Address North Kansas City

19. (a) Sept 4th 46 (Date received local registrar) (b) Beulah K. Etchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 89-24-46, 19, to death, 19; that I last saw her alive on Sept 2, 1946, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Thyroid — Duration 5 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 550

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 R H Dunham M.D. (M. D. or other)

Address N.K.C., mo Date signed 9/4/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-14-46

APR 30 1957

OCT 9 1946

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.