

FILED JAN 27 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 204

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:
St. Joseph, K.C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mo.
(Specify whether years, months or days)
In this community 2 Mos.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Miami
(c) City or town Osawatomie
(If outside city or town limits, write "RURAL")
(d) Street No. Supv. "B" Cottage.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucy Carrie Hughes

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 wid

6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive 1870 years

7. Birth date of deceased Oct 7 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 1
If less than one day hr. min.

9. Birthplace Not Known Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Matron "B" Cottage, Hosp

11. Industry or business State Hospital, Osa. Ks

12. Name John G. Mc Kimmy
13. Birthplace Putman Co. Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Irwin
(City, town, or county) (State or foreign country)

15. Birthplace Putman Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Cator
(b) Address Salina Kans.

17. (a) Removal (b) Date thereof Jan 8 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osawatomie, Kans

18. (a) Signature of funeral director EDDY FUNERAL HOME
(b) Address Osawatomie, Kans.

19. (a) 1-16-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8
year 1947 hour 1 minute 15 P.

21. I hereby certify that I attended the deceased from 12-6 1946 to 1-8 1947;
that I last saw ~~her~~ her alive on 1-8 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma primary Duration
unknown; secondary invasion
of lung.

Due to _____

Due to _____

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Refused

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 George E. Sanders (M. D. or other)
Address Res. Park St. Joseph Hosp Date signed 1-8-47
AC Mo

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

MOTHER FATHER

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.