

FILED MAR 25 1947

Registration District No. 189

Primary Registration District No. 1002

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

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 47 DAYS
(Specify whether
 in this community 27 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
 (d) Street No. 1900 E. 11TH ST.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME RUBY D. LARK
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife HARRY LARK
 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased OCTOBER 24, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>4</u>	<u>18</u>	_____ hr. _____ min.

9. Birthplace LAWRENCE KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER
 12. Name DELBERT SIMONS
 13. Birthplace MOUNT CITY KANSAS
(City, town, or county) (State or foreign country)
 14. Maiden name DAISY KENNEDY
 15. Birthplace LAWRENCE KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant HARRY LARK (HUSBAND)

(b) Address 1900 E. 11th

17. (a) Removal (b) Date thereof 3/15/'47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Kansas

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine St., Kansas City, Mo.

19. (a) 3-14-47 (b) Sheldale Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 12,
 year 1947 hour 12: minute 15 A. M.
 21. I hereby certify that I attended the deceased from JANUARY
24, 1947 to MARCH 12, 1947;
 that I last saw h. ER alive on MARCH 12, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE CIRCULATORY COLLAPSE
 Duration _____

Due to HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 938
 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? _____

While at _____ (Specify type of place) _____
 (a) _____ (b) Means of injury _____

23. Signature [Signature] (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 3/12/47

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

E. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., Kansas Ci

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.