S. No. 2
1—12-45
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9223

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1516

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~~: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 3 MONTHS. (Specify whether years, months or days)
In this community 20 years.

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.: 4515 VIRGINIA AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: LAURETTA LINDLY
3. (b) If veteran, name war: NO
3. (c) Social Security No. 494-16-9405
4. Sex: FEMALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife: MR. John H.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Oct (Month) 9 (Day) 1900 (Year) 1898

8. AGE: Years 48 Months 46 Days 5 If less than one day 22 hr. min.

9. Birthplace: Union City (City, town, or county) TENNESSEE (State or foreign country)
10. Usual occupation: at home.
11. Industry or business:
FATHER 12. Name: Joe Fields
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Mattie Jones.
15. Birthplace: Weekly co. (City, town, or country) Tennessee (State or foreign country)
16. (a) Informant: Miss Soda Sindly
(b) Address: 4515 Virginia
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Ponca City Okla
18. (a) Signature of funeral director: D. H. Newcomb Sons
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 4-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 1ST year 1947 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from 2, 19..., to ..., 19...; that I last saw her alive on Mar. 31, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of breast with metastasis to spine.	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	

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) 0
While at work? (e) Means of injury

23. Signature: Harry Stallard (M. D. or other) MD
Address: 1406 Bryant Bldg. Date signed 4-1-47

(Licensed Embalmer's Statement on Reverse Side)

1406 Troy and Bldg
11-2-45 P.M.

JUN 18 1943

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 John E. Stroking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Worthy

Licensed Embalmer No. 1767

P. O. Address 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.