

S. No. 2
OM-5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13549**
Registrar's No. **1966**

FILED MAY 12 1947

Registration District No. **199**

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. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 days**
Specify whether
25 years
In this community
years, months or days

3. (a) PRINT FULL NAME **Nellie Lombard**

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 **Widow**

6. (b) Name of husband or wife **Frank Lombard**

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

7. Birth date of deceased **1 31 1862**
(Month) (Day) (Year)

8. AGE: Years **84 85** Months **2** Days **29**
If less than one day
hr. min.

9. Birthplace **Illinois** /
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **No Record**

13. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)

14. Maiden name **No Record**

15. Birthplace **No Record** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Grace Basmore**

(b) Address **2630 Lockridge**

17. (a) **Cremation** (b) Date thereof **5-2-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **Kansas City, Missouri**

19. (a) **5-2-47** **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** 48

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL.") 3

(d) Street No. **2630 Lockridge**
(If rural, give location) 8

(e) Citizen of foreign country? **NO** (Yes or No) 0

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **30**
year **1947** hour **3** minute **35** A. M.

21. I hereby certify that I attended the deceased from **April 14** 19**47** to **April 30** 19**47**
that I last saw h. **er** alive on **April 30** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized arteriosclerosis**
Diabetes mellitus

Due to

Due to

Other conditions **cel**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy **None**

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 **0**

23. Signature **Wm W. Hart** (M. D. or other) **MD**
Address **Med. Dir. Gen'l Hosp.** Date signed **5-30-47**

Dr. Schuyler

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..... *Cortland Munn*.....

Licensed Embalmer No. *3414*.....

P. O. Address *918 Beardsley*.....

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.