

Registration District No. **149** Primary Registration District No. **002**

**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:  
**Kansas City Convelescent Home**  
 (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)

**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. **3747 Garfield**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **Miss Lillian POPP**  
**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** **Single**  
**6. (b) Name of husband or wife** **None** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **Feb. 5, 1871**  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	2	29	hr. min.

**9. Birthplace** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Domestic Home**

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name** \_\_\_\_\_  
**13. Birthplace** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** \_\_\_\_\_  
**15. Birthplace** \_\_\_\_\_  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **H. C. Convelescent Home Records**  
**(b) Address** **H. C. Mo.**

**17. (a) Removal** **(Burial, cremation, or removal)** **(b) Date thereof** **5-5-47**  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Jefferson City, Mo.**

**18. (a) Signature of funeral director** **Melody-McGilley-Eylar**  
**(b) Address** **1800 Linwood Blvd. K.C. Mo.**

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

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **May** day **4** th  
 year **1947** hour **10** minute **10 A.M.**  
**21. I hereby certify that I attended the deceased from** **May 2**  
 \_\_\_\_\_, 19 **47** to **May 4**, 19 **47**  
 that I last saw her alive on **May 3**, 19 **47**  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** **cerebral hemorrhage** **2 days**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Due to** \_\_\_\_\_  
**Due to** \_\_\_\_\_

**Other conditions** **Heart attack - related**  
 (Include pregnancy within 3 months of death)

**PHYSICIAN**  
**Major findings:** \_\_\_\_\_  
**Of operations** \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_  
 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** **Hub Walter** **(M. D. or other)**  
**Address** **1103 Grand** **Date signed** **5/4/47**

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

PROFIT: Bldg. V1 1978  
1020 W. 69th St. HI 5849

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**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 *Oliver G. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City, Mo.*

**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.**