

FILED JUL 3 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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 **4 HRS.**  
(Specify whether  
In this community **11 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. **1029 TRACY**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **DELORES LOCKETT**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unk.**

4. Sex **FEMALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **SEPTEMBER 3, 1934**  
(Month) (Day) (Year)

8. AGE: Years **12** Months **9** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **STILLWATER OKLAHOMA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **STUDENT**

11. Industry or business \_\_\_\_\_

12. Name **ENOCH LOCKETT**

13. Birthplace **Welecka OKLAHOMA**  
(City, town, or county) (State or foreign country)

14. Maiden name **FRANCES MERIES**

15. Birthplace **TULSA OKLAHOMA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **FRANCES HESS (MOTHER)**  
(b) Address **1029 TRACY**

17. (a) ~~Removal~~ (b) Date thereof **6/27/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tulsa, Oklahoma**

18. (a) Signature of funeral director **Walter Ross**

(b) Address **1702 9th Street**

19. (a) **6-26-47** (b) **Almadine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **22**,  
year **1947** hour **8:** minute **30** A.M.

21. I hereby certify that I attended the deceased from **JUNE 22, 1947**  
that I last saw her alive on **JUNE 22, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **ACUTE GLOMERULO-  
NEPHRITIS WITH CEREBRAL HEMORR-  
HAGE**

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

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

Other conditions (Include pregnancy within 3 months of death) **g20**

Major findings: Of operations \_\_\_\_\_

Of autopsy **SAME AS ABOVE**

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 **Frank [Signature]** (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **6/23/47**

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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.....

Licensed Embalmer No. 3994

P. O. Address 2573 High...

**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.**