FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34576

Registrar's No. 4486

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: Home for the Aged, Little Sisters of the Poor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 5 mo. 18 days Institution (Specify whether
In this community 1 yr. 5 mo. 18 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3129 Forest 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME LAURA V. LULL
3. (b) If veteran, name war no
3. (c) Social Security No. 493-12-8421
4. Sex Female
5. Color or race White
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 unknown 1884 (Month) 1863 (Day) 1884 (Year)

8. AGE: Years 84 | Months | Days | If less than one day hr. min.

9. Birthplace NEW YORK (City, town, or county) (State or foreign country)
10. Usual occupation Musician
11. Industry or business
FATHER
12. Name Thomas Valworth Lull
13. Birthplace (Unknown) (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Sister Emilie
(b) Address 5331 Highland Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Steve McClure
(b) Address Kansas City Mo
19. (a) 10-27-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25
year 1947 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Oct 15, 1947, to Oct 25, 1947;
that I last saw her alive on Oct 24 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Conducent Bronchial pneumonia	3 days
Due to	
Due to Hypertensive heart disease	years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy no	

PHYSICIAN
Underline the cause of 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 John [illegible] (M. D. or other) MD
Address 1102 Grand Ave Date signed 10-25-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) 31 CNO

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

Dr Jnsa Kinner
Bayant Bldg

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K.C. 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.