

No. 2
-1/47
5-17-39

FILED MAR 27 1948
Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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 **2520 Montgall** /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** #8

(c) City or town **Kansas City** 38
(If outside city or town limits, write "RURAL")

(d) Street No. **2520 Montgall** /
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **Lydia Lowery**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Female** 3

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Married** /

6. (b) Name of husband or wife **James Lowery**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **September 15, 1890**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	5	25	hr. _____ min _____

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

10. Usual occupation **housewife**

11. Industry or business _____

12. Name **Britt Henderson**

13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Rhimes**

15. Birthplace **Louisiana** /
(City, town, or county) (State or foreign country)

16. (a) Informant **James Lowery**

(b) Address **2520 Montgall**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **3/15/48**
(Month) (Day) (Year)

(c) Place: burial or cremation **Westlawn, Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **1722 Lydia Ave**

19. (a) **3-15-48** (Date received local registrar)

(b) **[Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10**
year **1948** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 3, 1948** to **March 10, 1948**; that I last saw her alive on **March 9, 1948**; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion as pulmonary embolus** sudden

Due to _____

Due to _____

Other conditions **Essential hypertension** 5 years
(Include pregnancy within 3 months of death)

Major findings: **Obesity** 942

Of operations **None**

Of autopsy **None**

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? **Kansas** (Specify type of place)

While at work _____ (e) Means of injury **0**

23. Signature **Raymond W. O'Brien** (M. D. or other)

Address **231 W 47th - K.C. 2, Mo** Date signed **Mar 15, 48**

Duration

5 years

PHYSICIAN

Underline the cause of which death should be charged statistically.

O'Brien

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 2503 Sigall

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.