

No. 300
4-10-47
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12721

State File No. _____

FILED MAY 7 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1857

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 1 mo. 14 days
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
918 E. 9 St. 8
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Savannah B. Lomas

3. (b) If veteran, name war No 3. (c) Social Security No. 495-24-8454

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Byron A. Lomas 6. (c) Age of husband or wife if alive 28th. years 1877

7. Birth date of deceased. August (Month) 28th. (Day) 1877 (Year)

8. AGE: Years 70 Months 7 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Leavenworth Kansas (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Fernando C. Bulkley

13. Birthplace Leavenworth Kansas (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth F. Hiatt

15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Krug

(b) Address 4123 W. 68 Terr. Mission, Ks.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 4-28-48 (Date received local registrar) (b) Sheldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 13 1948 to April 27 1948, that I last saw her alive on April 27 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of fundus Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 48/8

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 1

23. Signature Wm W. [unclear] (M. D. or other) 4-29-48 Address Med. Dir. Gen'l Hosp. Date signed _____

Dr. Bennett

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

Hillis H. Bennett

Licensed Embalmer No. *4438*

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.