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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 19 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 19508

Registrar's No. 2463

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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 days (Specify whether years, months or days)

In this community: 20 years

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.: 1806 Baltimore
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: Lena Holt

3. (b) If veteran, name war: None

3. (c) Social Security No.: Unknown

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Unknown

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Unknown (Month) (Day) 1900 (Year)

8. AGE: Years 48 | Months ? | Days ? | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) O (State or foreign country)

10. Usual occupation: Unknown

11. Industry or business:

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown

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

16. (a) Informant: Record Clerk

(b) Address: K. C. General Hosp. #1

17. (a) Burial (Burial, cremation or removal) (b) Date thereof: 6-12-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt.Calvary:K.C.Kan.

18. (a) Signature of funeral director: Weilert Funeral Home

(b) Address: 2332 Monitor Place:K.C.Mo.

19. (a) 6-12-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 8 year: 1948 hour: 10 minute: 55 A.M.

21. I hereby certify that I attended the deceased from June 3, 1948, to June 8, 1948 that I last saw her alive on June 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Multiple lung abscesses (non T.B.)

Due to: Aneurysm Descending aorta

Due to: Uremia

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

Major findings: Of operations: 30 d

Of autopsy: See above

Duration

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Wm. W. Hart M.D. (M.D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 6-8-48

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weibert

Licensed Embalmer No. 4075

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.