

Registration District No. 149

Primary Registration District No. 1002

WRITE PLAINLY—USE 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:  
GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 DAYS  
(Specify whether)

In this community 24 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. 1825 E. 11TH ST.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LULA THOMAS

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charlie Thomas

6. (c) Age of husband or wife if alive 89 1/2 years (Day) (Year)

7. Birth date of deceased JULY  
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 7 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace WASHINGTON MISSISSIPPI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER { 12. Name LEWIS WILLIAMS

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

14. Maiden name SYLVIA

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

16. (a) Informant RUTH SMITH (GRAND-DAUGHTER)

(b) Address 2613 WOODLAND

17. (a) Burial (b) Date thereof 8/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn Cemetery

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

(b) Address 1729 [Address]

19. (a) 8-13-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 11,  
year 1948 hour 8: minute 15 A. M.

21. I hereby certify that I attended the deceased from JULY  
31, 1948 to AUGUST 11, 1948;  
that I last saw her FR alive on AUGUST 11, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death GENERALIZED ARTERIO-SCLEROSIS  
2. CEREBRAL ARTERIOSCLEROSIS  
Due to 3. HYPERTENSIVE HEART DISEASE

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations [Signature]

Of autopsy \_\_\_\_\_

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)

(a) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address GENERAL HOSPITAL NO. 2 Date signed 8/12/48

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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 J. J. Maulone  
Licensed Embalmer No. 3994  
P. O. Address 2503 Highland

**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.**