No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1948

Registration District No. 171

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36772

Registrar's No. 4392

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1946 Hardy 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Lillian L. Neer

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife William R.

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

7. Birth date of deceased August 2, 1878
(Month) (Day) (Year)

8. AGE: Years 70 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Elk City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Homemaker

11. Industry or business At Home

FATHER
12. Name William Henson 4
13. Birthplace U (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name kn 4
15. Birthplace own (City, town, or county) (State or foreign country) 1

16. (a) Informant Lynn A Gregg
(b) Address 2011 East Gregory

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Blackmans
(b) Address K.C. Mo.

19. (a) 10-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27
year 1948 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 15, 1946 to October 27, 1948;
that I last saw her alive on October 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure — Duration

Due to Hypertensive Heart Disease

Due to Generalized Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 AB

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?
Richard L. Lehner (Specify type of place) 0
While at work? (e) Means of injury

23. Signature Richard L. Lehner (M. D. or other) M.D.
Address 1103 Grand. K.C. Mo Date signed Oct 28, 1948

(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 D D Cox Jr, Registered Apprentice No. 274, working under my personal supervision.

Signed O K McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City 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.