

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23589

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>2944</u>
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>		d. STREET ADDRESS (If rural, give location) <u>1007 East 14th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIE</u>		b. (Middle) <u>MAE</u>		c. (Last) <u>PRESTON</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3 1949</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED (Specify)	8. DATE OF BIRTH <u>APRIL 23 1919</u>	9. AGE (In years last birthday) <u>30</u> IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MATD</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>				
13a. FATHER'S NAME <u>FRANK MOORE</u>		13b. MOTHER'S MAIDEN NAME <u>IDA MAE</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>IDA MAE ALLEN</u>
18. CAUSE OF DEATH Enter only concise per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RHEUMATIC HEART DISEASE WITH CHRONIC ULCERATIVE AORTIC VALVULITIS</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>410K</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>7/31</u> , 19 <u>49</u> to <u>7/31</u> , 19 <u>49</u> that I last saw the deceased alive on <u>7/31</u> , 19 <u>49</u> and that death occurred at <u>1:35A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE OF REGISTRAR <u>E. Frank Ellis</u>		23b. ADDRESS <u>600 East 22nd Street</u>		23c. DATE SIGNED <u>7/5/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7/7/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>		24e. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Sheldine Holmes Sterling 1212 Pine</u>		
24f. DATE REC'D BY LOCAL REG. <u>7-7-49</u>		24g. REGISTRAR'S SIGNATURE <u>E. Frank Ellis</u>		

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

(Licensed Embalmer's Signature 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*E. Steubing Billa*

Signed.....

Student Embalmer

Licensed Embalmer No.....

*3178*

P. O. Address.....

*1212 Pine St*

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.