

FILED AUG 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 27665
Registrar's No. 3403

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 2223 Tracy

e. STREET ADDRESS (If rural, give location) 2223 Tracy 3328

3. NAME OF DECEASED
a. (First) Lanie b. (Middle) Lindy c. (Last) Royal

4. DATE OF DEATH (Month) July (Day) 13 (Year) 54

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2

8. DATE OF BIRTH May 4, 1898

9. AGE (In years) 56 (Month) 30 (Day) 56

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Selma, Ala.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alfred King

13b. MOTHER'S MAIDEN NAME Maranda Davenport

14. NAME OF HUSBAND OR WIFE Charles C. Royal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 494-12-0949

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hazel Suggs 2223 Tracy

18. CAUSE OF DEATH
Enter only one cause 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) Primary Carcinoma of the Liver
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Metastasis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

155X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-19-54 to 7-13-54, that I last saw the deceased alive on 7-10-54 and that death occurred at 7:45 PM at the causes and on the date stated above.

23a. SIGNATURE Royall B. Fleming MD (Degree or title)

23b. ADDRESS 1433 E. 19th W

23c. DATE SIGNED 7-15-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 17, 1954

24c. NAME OF CEMETERY OR CREMATORY Lincoln

24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. 7-16-54

REGISTRAR'S SIGNATURE Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1800 Benton

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Royall B. Fleming MD

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce P. Watkins*.....

Licensed Embalmer No. *4501*.....

P. O. Address *18th Street*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.