

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

37080

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 105  
 Township Kau Primary Registration District No. 1092 Registered No. 105  
 City Kansas City No. St. Mary's Hosp. St. 3rd Ward

**2. FULL NAME**

William J. Lanher  
 (a) Residence. No. 2444 Dexter Blvd. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Mrs. Grace Lanher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-19-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 | 4 | 6

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Electrical work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer Long Bldg.

9. BIRTHPLACE (CITY OR TOWN) Lowell  
 (STATE OR COUNTRY) Mass.

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Not known

14. INFORMANT Mrs. Grace Lanher  
 (Address) Kansas City, Mo.

15. FILED 12/27, 1927 M. M. Crowe  
 Assn. REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 1927, that I last saw him alive on Dec 25 6:00 p.m. 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

myocardial Acute  
31  
93A (duration) yrs. mos. ds.  
 77 CONTRIBUTORY Arteriosclerosis, chronic interstitial nephritis (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129A  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS. Clinical & laboratory tests  
 (Signed) Blaine Grant, M. D.

Dec 26, 1927 (Address) 1010 Lovers Bldg.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Mary's DATE OF BURIAL 12/28 1927

20. UNDERTAKER The Freeman Mortuary ADDRESS 42nd + Baltimore

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD

1008 0 0 0  
431W 6127