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

31423
Do not use this space.

1. PLACE OF DEATH OCT 15 1938 2
(a) County Jackson 1 Registration District No. 395
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 7431 Wornall Road St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 28 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 85 yrs. mos. ds.

Registered No. 3720

2. PRINT FULL NAME Dr. William Lothian 357
(a) Residence, No. 7431 Wornall Road St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Ida Lothian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 22, 1855

7. AGE: Years 83 | Months 6 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Physician
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada 2

FATHER
13. NAME: George Lothian 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland 1

MOTHER
15. MAIDEN NAME: Susanna Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT: Mrs. J. A. Keeth
(ADDRESS) 805 Romany Road

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 9-26-38, 19

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary
(ADDRESS) Kansas City, Missouri

20. FILED 9/24, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 9-11-, 1938, to 9-23-, 1938
I last saw him alive on 9-23-, 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9-11-38
Other contributory causes of importance:	
Arteriosclerosis	1

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) R. G. Potter, M. D.
(Address) 724 Prog Bldg.

(Licensed Embalmer's Statement on Reverse Side)

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.

L. G. Potter
724 Prof. Bldg.
10:30-1
2-4

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, J. Lamen Freeman, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed J. Lamen Freeman

Licensed Embalmer No. 2939

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.