

REC'D FEB 20 1939

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

1303

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 316
(c) City Kansas City (d) Street No. 819 West 39th St. Ter. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 361 Howard Lathrop

(a) Residence, No. 819 West 39th St. Ter. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Helen Ruby Lathrop
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 4 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manager asst.
9. Industry or business in which work was done, as saw mill, bank, etc. Lincoln Storage
10. Date deceased last worked at this occupation (month and year) July, 1936 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas Texas

FATHER 13. NAME Seth Lathrop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

MOTHER 15. MAIDEN NAME Ellen Lorraine Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

17. INFORMANT (ADDRESS) Mrs. Helen R. Lathrop 819 W. 39th St. Ter

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan. 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED Jan 25 1939 M. M. Browne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1939, to 1-24, 1939.
I last saw h.l.w. alive on 1-23, 1939. Death is said to have occurred on the date stated above, at 5:30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
Hypertension (essential)
Apoplexy - 1936
Co. Paralytic Syndrome and 1936
Sudden cerebral hemorrhage of 1936
on 1-18-39

Date of onset
1936

Other contributory causes of importance:

I have had his hypertension since 1929

Name of operation 0 Date of 0
What test confirmed diagnosis? B.P. 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? 0
If so, specify _____

(Signed) M. M. Browne Jr., M. D.(Address) 507 Professional Bldg

A. B. Sinclair
Prof. Bldg.
2:30 to 5 P.M.

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.