

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9791

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1225

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Trinity Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Jacob J. Lattner 356

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Lattner 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased December 8, 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 31 Days 10 If less than one day hr. _____ min.

9. Birthplace Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business _____

12. Name Don't Know

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Lattner
(b) Address 3934 Benton Blvd.

17. (a) Burial (b) Date thereon March 20, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) Mch 19, 1940 (b) Registrar's signature M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2032 Agnes Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1940 hour 2:50 minute 0 M.

21. I hereby certify that I attended the deceased from Jan, 1940, to Mar. 18, 1940
that I last saw him alive on Mar 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral disease (Thrombosis) Duration 6 hrs
Due to arterio sclerosis 4/10
Due to _____

Other conditions Arterio sclerosis 4/10
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence _____

(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____
(e) Means of injury _____

23. Signature J. J. [unclear] (M. D. or other) _____
Address 1507 [unclear] Date signed 3/19/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

Richard Bladig
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