

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2628

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

I. 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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether
 In this community 40 years
years, months or days)

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. 2513 Bellefontaine
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME FRANK LAUCHNER 256

8. (b) If veteran, name war no. 3. (c) Social Security No. 510-03-6479

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

6. (b) Name of husband or wife Jessie Loretta Lauchner 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 22, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>3</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name A. J. Lauchner

18. Birthplace Knoxville, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Olivia Humphrey

15. Birthplace Glasgow, Missouri
(City, town, or county) (State or foreign country)

18. (a) Informant Jessie Loretta Lauchner

(b) Address 2513 Bellefontaine

17. (a) Burial (b) Date thereof 6/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K. C. Mo.

19. (a) June 29, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 26th, 1940, to June 28th, 1940, that I last saw him alive on June 28th, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease and terminal Bronchopneumonia

Due to _____
 Due to _____

Other conditions: Congenital absence of left kidney with glomerulonephritis
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations: _____
 Of autopsy: See above

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 P. F. De Maria M.D. (M. D. or other) _____
 Address Supt. K. C. Gen. Hospital, K. C. Mo. Date signed _____

Duration _____
 Underline the cause to which death should be charged statistically.

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed B. H. Weir

Licensed Embalmer No. 2570

P. O. Address 100 Me

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.