

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1242  
202  
Registrar's No. \_\_\_\_\_

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 916 Walnut ?  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 years  
In this community 7 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Kansas (b) County Wyandotte 99  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 75 South 17th,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? no years.

8. (a) PRINT FULL NAME James T. Lardner  
(b) If veteran, name war no. (c) Social Security No. 514-05-2868

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 1-13-41 day 1-13-41 year 1-13-41 hour 12:40 P. minute 12:40 P.

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ruth B. Lardner 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased Nov. 30 - 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12:40 P. to 12:40 P. 1941 that I Deputy Coroner am alive on 1-13-41 and that the death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

8. AGE: Years 70 Months 7 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Acute myocardial infarction  
acute coronary occlusion  
Coronary sclerosis  
(Include pregnancy within 3 months of death) 9/16

9. Birthplace Moscow Iowa  
(City, town, or county) (State or foreign country)  
10. Usual occupation Auditor  
11. Industry or business Western Insurance Co.  
12. Name John Lardner  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Butler  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy Yes  
Underline the cause to which death should be charged statistically

MOTHER FATHER  
16. (a) Informant's own signature DANIEL LARDNER  
(b) Address Fort Scott Kansas  
17. (a) Removal (b) Date thereof Jan 15 - 41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Fort Scott Kan  
18. (a) Signature of funeral director Harry Butler  
(b) Address 763 Central Ave Kansas City Kan  
19. (a) Jan 14, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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) Means of injury 3  
23. Signature McLorch Butler (M. D. or other) 3  
Address K. C. Mo. Date signed \_\_\_\_\_

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.

**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 \_\_\_\_\_

*Russell W Dennis*

Licensed Embalmer No. \_\_\_\_\_

*3462*

P. O. Address \_\_\_\_\_

*KC Kansas*

**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.**