No. 2
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17-39
X23159

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

AUG 50 FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1394

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 354

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 K C Genl Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community years, months or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3 8

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1324 Troost 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EDWARD A. LATHROP

3. (b) If veteran, name war No

3. (c) Social Security No. 486-03-9435

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel D. Lathrop

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased 4/13/1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation Roofer

11. Industry or business Roofers Union #20

FATHER
12. Name Irwin Lathrop
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Glaglin
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Ethel Lathrop

(b) Address 1324 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Pk KCK

18. (a) Signature of funeral director P Shapeturn

(b) Address KC Mo

19. (a) Jan 24 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day January year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from January 4, 1940, to January 22, 1941; that I last saw him alive on January 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death (See General Hospital Record)

Due to 90 B

Due to Pericarditis

Other conditions (See General Hosp Record) K.C.

(Include pregnancy within 3 months of death)

Died in K.C. Gen Hosp 1/23/41

Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature Harold A. Pollett (M. D. or other)

Address 1132 Prof. Bldg. Date signed 1/24/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Pallett
11-7-10 Proff

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: [illegible]

Licensed Embalmer No. 3754

P. O. Address KC Mo

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

If this body is not embalmed, fact should be so stated above.