

APR 15 1941  
Registration District No. **279**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jacson**  
(b) City, or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**3219 E. 8th**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **22 Years**  
years, months or days) (Specify whether)

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. **3219 E. 8th St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country **0**

3. (a) PRINTED FULL NAME: **G. Lurnzy Elmer Lough**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **497-05-3368**

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

6. (b) Name of husband or wife **Nellie C. Lough** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **September 27, 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **5** Days **5** If less than one day hr. min.

9. Birthplace **Memphis, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance Dept.**

11. Industry or business **Ford Motor Co.**

12. Name **Samuel** **Unknown**

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

14. Maiden name **Unknown**

15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Hugh Lough**

(b) Address **418 No. Topping**

17. (a) **Burial** (b) Date thereof **March 4, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc.**

(b) Address **Kansas City, Mo.**

19. (a) **3/3/41** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**, year **1941** hour **2** minute **A.M.**

21. I hereby certify that I attended the deceased from **Dec. 20, 1940** to **March 2, 1941** and that death occurred on the date and hour stated above. I last saw him alive on **Feb 27, 1941**

Immediate cause of death **Carcinoma of Rectum** Duration

Due to **46 J**

Due to **46 J**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Repton** (M. D. or other)

Address **Walton Street Mo** Date signed **3/3/41**

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

MOTHER FATHER

Challenger Hospital 1523

**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 W. Blackman

Licensed Embalmer No. 3639

P. O. Address Kansas City, Mo.

**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, fact should be so stated above.**