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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33897
3835

Registration District No. 399 Primary Registration District No. 102 Registrar's No.

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: Home 506 E. 44th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 34 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 506 E. 44th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mabel Loutsenhizer
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clyde Loutsenhizer
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Aug. (Month) 31st (Day), 1896 (Year)

8. AGE: Years	Months	Days	If less than one day
45	1	12	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name James Shirley
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Clyde Loutsenhizer
(b) Address 506 E. 44th, St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15th, (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Rose & Henderson
(b) Address Kansas City
19. (a) 10/14/4. (Date received local registrar) (b) M. M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th, year 1941 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from, 19, to, 19; that I last saw the deceased alive on, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Bullet Wound of the Head
Due to
1640
Due to
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) Suicide
(b) Date of occurrence 10-13-41
(c) Where did injury occur? KC Jackson Mo (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
23. Signature (M. D. or other)
Address KC Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John B. Carp

Licensed Embalmer No. 2955

P. O. Address K. C. Mo

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

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