

No. 2  
4-13-40  
5-17-39  
I X231

JAN 24 1942

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4462

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution: 531 Gladstone  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 35 Years years, months or days)

3. (a) PRINT FULL NAME ELVIN J. LOTT  
 3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased Jan. 17, 1862  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>10</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Interior decorator

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name John Lott  
 13. Birthplace Pa.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Armenia Newton  
 15. Birthplace N. Y.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Lott  
 (b) Address 531 Gladstone

17. (a) Burial (b) Date thereof 12-2-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.  
 (b) Address 2625 Indep. Blvd., K. Mo.

19. (a) Dec 2 1941 (b) M M Crowe  
 (Date received local registrar) (Registrar's signature)

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. 531 Gladstone  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30  
 year 1941 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 25, 1941, to Nov 30, 1941;  
 that I last saw him alive on Nov 29, 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Myocarditis 5 years  
 (Include pregnancy within 6 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Ch. Ross (M. D. or other) Ch. D.  
 Address 1053 N. Shawwood Date signed 12/1/41

Not for use by unlicensed

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**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 Wilton L. Kestly

Licensed Embalmer No. 4225

P. O. Address Independence, 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.**