S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1329

Registrar's No. 17

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: 2700 Tracy Avenue
Krestwoods Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year (Specify whether
In this community 4½ Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4 R

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 301½ South Chelsea Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ------ 0

3. (a) PRINT FULL NAME Mrs. Amanda W. Lytle

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mr. James E. Lytle

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

7. Birth date of deceased August (Month) 3 (Day) 1854 (Year)

8. AGE: Years 87 Months 4 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business ------

FATHER
12. Name Unknown
13. Birthplace 9 (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace 9 (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Lytle E. Garrett
(b) Address 301½ So Chelsea

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 3, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director O. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1/3/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 2nd year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 12-5-1940 to Jan-1-1942; that I last saw her alive on Jan-1-1942; and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Fell fracturing pelvis. — Duration 12-31-41

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 186a

Of autopsy 18

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) Accident & Senility

(b) Date of occurrence 12-31-41 1:23

(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Convalescing Home. (Specify type of place)

While at work? No (e) Means of injury FALL

23. Signature Theodore Conangas (M.D. or other) D.O.

Address 811 Chambers Bldg Date signed 1-3-42

(Licensed Embalmer's Statement on Reverse Side)

Lakeside Hospital
9-30-10

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 C. E. Newcomer Jr.

Licensed Embalmer No. 4043

P. O. Address K. C. 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.