

FILED MAR 16 1942

832

Registration District No. 379

Primary Registration District No. 1002

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: **St. Lukes**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **about an hour**
(Specify whether years, months or days)

In this community **about an hour**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Pratt 999**

(c) City or town **Pratt 14**
(If outside city or town limits, write "RURAL")

(d) Street No. **216 North Curtis**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Lightfoot**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **708-14-8487**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Mrs Margaret Lightfoot**

6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **Feb. 23rd 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	52	0	5	hr. min.

9. Birthplace **Silver Lake Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Conductor**

11. Industry or business _____

12. Name **Edward S. Lightfoot**

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

14. Maiden name **Minnie Berry**

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

16. (a) Informant **Mrs. Margaret Lightfoot**

(b) Address **Pratt Kansas**

17. (a) **Removal** (b) Date thereof **3/1/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pratt Kansas**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City Missouri**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **28** year **1942** hour **9** minute **58 P.M.**

21. I hereby certify that I attended the deceased from **Feb 28** 19**42** to **Feb 28** 19**42**
that I last saw h. **alive on Feb 28** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Rupture of thoracic aorta**
an aneurysm of ascending aorta

Due to **Rupture into myocardium**

Due to **Arterio sclerosis**

Other conditions (include pregnancy within 3 months of death) **96**

Major findings: Of operations _____

Of autopsy **See findings**

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? _____

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

23. Signature **Delos G. Wellman** (M. D. or other) _____
Address **Pratt, Kas** Date signed **3/1/42**

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

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APR 8 1942

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..... *Elmer C. Wedel*

Licensed Embalmer No. *3495*

P. O. Address..... *W. 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.