

FILED APR 8 1942
399
Registration District No. _____

Primary Registration District No. 1002

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: 2317 College
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 Yrs.
In this community 52 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2317 College
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Lottie Agin
(b) If veteran, name war No.
(c) Social Security No. No.

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife XXXX 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 15 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name Wilson Agin
13. Birthplace New Jersey
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Rybolt
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant E. E. Agin
(b) Address 2317 College

17. (a) Burial (b) Date thereof Mar. 23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 2/22/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 21
year 1942 hour 9 A M minute _____ M.

21. I hereby certify that I attended the deceased from 7-7- 1941 to 3-21-42 19____
that I last saw him alive on 3-21-42 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
duration Few hour
Due to Hypertension
Due to 940

Other conditions _____
(Include pregnancy within 3 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? _____
While at work? _____ (Specify type of place) Means of injury _____
23. Signature D. P. Redding (M. D. or other) D.O.
Address 5111 Independence Ave Date signed 3-21-42

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..... *Chas. Wilks*

Licensed Embalmer No..... *2644*

P. O. Address..... *1800 Linwood Blvd*

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.