

S. No. 2
 1-1-4-41
 7-5-17-39
 X22390

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

9712

State File No. _____

REG APR 1 1942
 Registration District No. _____

Primary Registration District No. 10.02

Registrar's No. 1119

1. PLACE OF DEATH: Jackson
 (a) County _____
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 days
 In this community 15 T Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Jackson 048
 (a) State _____ (b) County _____
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 7
 (d) Street No. 1405 Indiana
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOHN LATHEN
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 18th
 year 1942 hour 6 minute 50 A.M.

4. Sex Male 0
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Estelle Lathen
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased May 9 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-26-42, 19 to 3-18-42, 19
 that I last saw him alive on 3-18-42, 19
 and that death occurred on the date and hour stated above.
 Immediate cause of death

8. AGE: Years 61 Months 10 Days 9
 If less than one day hr. min.

MALIGNANT TUMOR OF TESTICLE.
 Due to 510
 Due to _____

9. Birthplace Kansas 1
 (City, town, or county) (State or foreign country)

10. Usual occupation Exterior Decorator

Other conditions _____
 (Include pregnancy within 8 months of death)

11. Industry or business Same

12. Name John E. Lathen

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Evelyn Lee

(b) Address 1410 Bales St. K.C. Mo.

17. (a) Burial (b) Date thereof 3 / 20 / 42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lee Summitt

18. (a) Signature of funeral director Rose & Henderson

(b) Address 4139 E. 15th St.

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

Major findings: Of operations _____
 Of autopsy None
 While at work? _____ (Specify type of place) (e) Means of injury _____

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. Signature M. M. Crowe (M. D. or other) _____
 Address Med. Dir. K.C. General Hospital Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

49
 810

361

(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

H. C. Henderson

Licensed Embalmer No.

3657

P. O. Address.....

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.