

FILED APR 25 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,**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Luke's Hospital, **0**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution... **1 month**
 (Specify whether
 In this community... **50 years,**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State... **Missouri,** (b) County... **Jackson, 048**
 (c) City or town... **Kansas City,** **3**
 (If outside city or town limits, write "RURAL.") **8**
 (d) Street No... **Brookside Hotel,**
 (If rural, give location)
 (e) Citizen of foreign country? **X** (Yes or No)
 If yes, name country... **X** **0**

3. (a) PRINT FULL NAME **John C. Lester,**

3. (b) If veteran, name war **No.** **3. (c) Social Security No.** **X**

4. Sex **Male 0** **5. Color or race** **White** **6. (a) Single, widowed, married,** **divorced, Widowed**

6. (b) Name of husband or wife **Kate R. Lester,** **6. (c) Age of husband or wife if alive** **dec.** years

7. Birth date of deceased **April 10 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 23 hr. min.

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

10. Usual occupation **Retired,**

11. Industry or business **X**

12. Name **Robert F. Lester,**

13. Birthplace **Virginia,** **1**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Jordan,**

15. Birthplace **Virginia,** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Lester,**

(b) Address **R. F. D. #1, KC Mo.**

17. (a) Cremation, **(b) Date thereof** **4-6-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 4-6-42 (b) M. N. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3rd**
year **1942** hour **9:55** minute **P.** M.

21. I hereby certify that I attended the deceased from **3rd February**
1936 to **3rd April** **1942**
that I last saw him alive on **3rd April** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death...
Chronic hepatitis **2 years**
Cardiac decompensation **1 year**
 Due to... **Subalcoholic**
Arteriosclerosis
 Due to... **Terminal uraemia** **2 mos.**
 Other conditions... **Chronic Prostate**
 (Include pregnancy within 3 months of death) **epilepsy**
carditis & arteriosclerosis
 Major findings: **proliferation**
 Of operations: **cholelithiasis**
 Of autopsy: **12/18**

Duration
2 years
1 year
2 mos.
6 mos.
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 **0**

23. Signature **P. S. Milne** (M. D. or other)

Address **132 Professional Bldg** **Date signed** **Apr 5 1942**

Dr. Milne

Dr. Milne

NOV 21 1942
REC'D

NOV 24 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 *E. M. Plank*
Licensed Embalmer No. *1848*
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.