

FILED JUL 3 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2456

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Home 2228 Oakley
(d) Length of stay: In hospital or institution 8 years
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C. Mo
(d) Street No. 2228 Oakley
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME ESTELHA LATHEN

3. (b) If veteran, name war 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (g) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife J.M. Lathen (Deceased) 6. (c) Age of husband or wife if alive Dec years
Birth date of deceased May 19 - 1880

8. AGE: Years 62 Months 1 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER
12. Name Embrown
13. Birthplace Embrown
14. Maiden name Embrown
15. Birthplace Embrown

16. (a) Informant Mrs. Gada Brauer

(b) Address 2228 Oakley St

17. (a) Burial (b) Date thereof June 27-42

(c) Place: burial or cremation See Summary

18. (a) Signature of funeral director Paul Krumm

(b) Address 1717 Mo

19. (a) 6-27-42 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1942 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from June 1941 to June 25, 1942

that I last saw h. or alive on June 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of intestines

Due to 464

Due to

Other conditions Hypertension

Major findings: Of operations None

Of autopsy None

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?
(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 J.P. ... (M.D. or other) Address 320 1/2 E 12 Date signed 6-26-42

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

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.....

John B. Camp

Licensed Embalmer No.....

29575-

P. O. Address.....

19. C. Geo

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.