

FILED DEC 31 1942

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4754

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:  
3517 Main Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether)

In this community all his life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3517 Main Street,  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME John J. LaMar

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed,

6. (b) Name of husband or wife Addie Lee LaMar

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

7. Birth date of deceased November 13 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 1 6 hr. min.

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

10. Usual occupation Realtor,

11. Industry or business X

MOTHER FATHER { 12. Name N. B. LaMar,

{ 13. Birthplace Tennessee,  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Betty Smith,

{ 15. Birthplace Tennessee,  
(City, town, or county) (State or foreign country)

16. (a) Informant Sallie K. Keene,

(b) Address Maryville, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-20-42  
(Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Missouri

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

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

19. (a) 12/20/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th  
year 1942 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 26, 1935, to Dec 19, 1942.  
that I last saw him alive on Dec 19, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death acute Congestive Heart disease

Due to Myocarditis

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Harvey E. Schoen (M. D. or other)

Address 283 W. 13th Kansas City Date signed 12-19-42

Duration

28 hrs

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. H. E. Schoen

**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..... *K. 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.**