

Registration District No. **FILED JAN 11 1943**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson 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: **Little Sisters of St. Ann's**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 yrs.** (Specify whether years, months or days)
In this community **14 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **5331 Highland**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME

John Lyons
3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **unbrowm** 6. (c) Age of husband or wife if alive **18.53** years
7. Birth date of deceased **may 18 1853**
(Month) (Day) (Year)

8. AGE: Years **89** Months **may** Days **20** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business

12. Name **Fredrick Mertz**
13. Birthplace **No Record** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Ann Olderman**
15. Birthplace **No Record** (City, town, or county) (State or foreign country)

16. (a) Informant **John P. Healy**

(b) Address **5331 Highland**

17. (a) **Burial** (b) Date thereof **Jan. 4 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys Cemetery**

18. (a) Signature of funeral director **Frank W. Robin**

(b) Address **204 Remwood**

19. (a) **Dec 31 1942** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **31 dec** day year **1942** hour **2** minute **2** P.M.

21. I hereby certify that I attended the deceased from **Dec 10** 1942, to **Dec 31** 1942, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Heart Disease**
Due to **Arterio Sclerosis** years

Due to **Hypertension** years

Other conditions **9/4**
(Include pregnancy within 3 months of death)

Major findings: Of operations **no**
Of autopsy **no**

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? _____
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **John T. Skinner** (M. D. or other) **MD**
Address **11402 Bryant Bldg** Date signed **12/31/42**

Duration

3 Weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Charles M. Turk*.....

Licensed Embalmer No. *3774*.....

P. O. Address *H. O. 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.