

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1615**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**7405 Main St. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 Years.** (Specify whether years, months or days)

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. **7405 Main St.** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country. **—**

3. (a) PRINT FULL NAME **Rose B. Lott..**

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

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

6. (b) Name of husband or wife **Alexander H. Lott** 6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **Nov. 28 1857**  
(Month) (Day) (Year)

8. AGE: Years **85~~88~~** Months **4** Days **6** If less than one day **—** hr. **—** min.

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

10. Usual occupation **Housewife**

11. Industry or business **—**

12. Name **Zebulon Thomas**

13. Birthplace **North Carolina** (City, town, or county) (State or foreign country)

14. Maiden name **Abaiel**

15. Birthplace **North Carolina** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Frank Lott**  
(b) Address **7405 Main St.**

17. (a) **Removal** (b) Date thereof **April 6th-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Olathe Kansas**

18. (a) Signature of funeral director **Eylar Funeral Home**  
(b) Address **1800 Linwood Blvd.**

19. (a) **4-5-43** (b) **M. H. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4th** year **1943** hour **10** minute **45** A.M.

21. I hereby certify that I attended the deceased from **April 1943** to **Apr 24 1943**  
that I last saw her alive on **4** and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Attack**  
Due to **4-4-43 9:25**  
Due to **valvular disease**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **—**  
Of autopsy **—**

Duration **—**  
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 **—**  
23. Signature **E. M. [Signature]** (D. or other) **—**  
Address **1205 W. 60th St.** Date signed **4-4-43**

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

MOTHER FATHER

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**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..... *Chas Welles* .....

Licensed Embalmer No. *2644* .....

P. O. Address *1800 Linwood* .....

**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.**