

FILED OCT 13 1943

Registration District No. 149

Primary Registration District No. 100

Registrar's No.

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:
at home-- 1305 East 17th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
years, months or days) 8 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. at home-- 1305 E. 17th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME LOUIS LYTTLE

3. (b) If veteran, name war None 3. (c) Social Security No. 495-09-3276

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Lyttle 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February 14, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 7 2 hr. min.

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

10. Usual occupation Hod-Carrier

11. Industry or business

MOTHER { 12. Name Unknown
FATHER { 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Lyttle
(b) Address 1305 East 17th St.

17. (a) Burial (b) Date thereof 9/22/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery, Indep. Mo.

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia Ave.

19. (a) 9-22-43 (b) T. G. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 16 day Thursday
year 1943 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from June 15-43
9-16 1943, to 19 1943

that I last saw him alive on Sept 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardite Duration

Due to Chronic Fibrotic Tuberculosis

Due to 1305

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
Indep. Mo.

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

23. Signature Harvey Charles (M. D. or other)
Address 552 Minnesota St. K.C. Mo. Date signed 9-22-43

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 *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *7503 Highlands*

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.