

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37372

State File No. _____

FILED DEC 3 1943
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4810

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

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:
1673 1/2 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Years
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. 1673 1/2 Madison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Katie M. Lotta

3. (b) If veteran, name war no
3. (c) Social Security No. 192-14-9222

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

6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 4 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 5 9 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Hernando C. Filson

13. Birthplace Parkersburg Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Melissa M. Hoffman

15. Birthplace Owensville Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd R. Johnson

(b) Address 727 W. 39th. St. Kansas City, Mo.

17. (a) Burial (b) Date thereof Nov. 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cem

18. (a) Signature of informant George C. Darnell
(b) Address Independence, Mo.

19. (a) 11-15-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13
year 1943 hour 8:15 min AM

21. I hereby certify that I attended the deceased from _____, 19____;
Anna

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic suppurative myocarditis
arterio pathy aortic

Due to _____

Due to 93d

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy See above

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? _____ (b) Means of injury _____

23. Signature Joseph E. Carr 3 (M. D. or D. O.)
Date signed 11/13/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

George C. Cannon
.....
Licensed Embalmer No. *2249*

P. O. Address *Independence, 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.