

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution St. Luke's Hospital  
(d) Length of stay: In hospital or institution since 7-7-43  
In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas  
(c) City or town Sabetha  
(e) Citizen of foreign country? no  
If yes, name country

3. (a) PRINT FULL NAME JOHN S. LAHR

3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married divorced  
6. (b) Name of husband or wife Jennie Lahr  
6. (c) Age of husband or wife if alive about 70 years  
7. Birth date of deceased March 14 1869

8. AGE: Years 74 Months 9 Days 0  
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Henry Lahr

13. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Johnson

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

16. (a) Informant Mrs. Jennie Lahr  
(b) Address Sabetha, Kansas

17. (a) Removal (Burial, cremation, or removal)  
(b) Date thereof 12-16-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Shawatha Kas

18. (a) Signature of funeral director. Thos P. McClure  
(b) Address 3235 Sullivan Plaza KCMO

19. (a) 12-16-43 (Date received local registrar)  
(b) P. E. Brown (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14th  
year 1943 hour 8:02 minute P.M.

21. I hereby certify that I attended the deceased from 8-23-43  
19 to 12-14-43 19

that I last saw him alive on 12-14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Duration 1 day

Due to cardiovascular condition 4 mo

Due to anemia 3 1/2 4 mo

Other conditions Bedsores, infective  
(Includes pregnancy within 3 months of death)

Major findings: Operation 4 mo ago  
Of operations Ununited fracture  
of left hip fracture  
Of autopsy occurred 2 yrs ago.

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 Alfred W. Edmund MD (M.D. or other)

Address St. Luke's Hosp. Date signed

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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**