

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
1, X36671

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9962  
Registrar's No. 1425

FILED APR 7 1944

Registration District No. 1944/9 Primary Registration District No. 1002

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:  
3743 MAIN STREET  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 55 YEARS (years, months or days)

3. (a) PRINT FULL NAME MRS. BELLE VAN NATA LOWENSTEIN  
(b) If veteran, name war NO (c) Social Security No. NO ONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. HENRY POLK LOWENSTEIN SR. 6. (c) Age of husband or wife if alive 85 years  
7. Birth date of deceased OCTOBER 27 1872  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JACOB VAN NATA  
13. Birthplace UNKNOWN OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN SHAWHAN  
15. Birthplace UNKNOWN VIRGINIA  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. HENRY POLK LOWENSTEIN, SR.  
(b) Address 3743 MAIN STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL 3 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. A. Newcomer's Son  
(b) Address 1401 BRUSH CREEK BLD.

19. (a) 3-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

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. 3743 MAIN STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month MARCH day 29<sup>TH</sup>  
year 1944 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from April 8 1943  
April 8, 1943, to March 29, 1944;  
that I last saw her alive on March 28, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none Of autopsy ayw  
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? \_\_\_\_\_

23. Signature Horland H. Shugart (Specify type of place) (e) Means of injury \_\_\_\_\_  
Address 3739 main Date signed 3-30-44

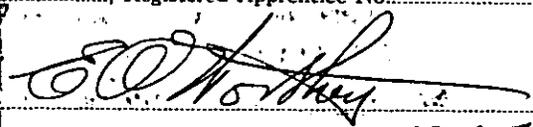
K. E. Mo.

Dr. Bernard Lee Young  
3737 Main Street

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. 1767

P. O. Address Kansas City, 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.