

FILED SEP 13 1944

Registration District No. 25

Primary Registration District No. 4036

Registrar's No. 97

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

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Rich Hill mo (Village)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution:
 In this community 9 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State mo (b) County Bates
 (c) City or town Rich Hill
 (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ROY LORENZO NORTHROP
 3. (b) If veteran, name war x
 3. (c) Social Security No. x

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 31 1944
 year 1944 hour 3 minute 30 P. M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife May Northrop
 6. (c) Age of husband or wife if alive 9 years
 7. Birth date of deceased OCT-9-1887
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 31 to Aug 31, 1944
 that I last saw him alive on Aug 31, 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 10 Days 22 If less than one day hr. min.

Immediate cause of death Renal Hypertension
 Due to Renal Hypertension
 Due to
 Other conditions (Include pregnancy within 3 months of death) 3a

9. Birthplace Meriden Kansas (City, town, or county) (State or foreign country)
 10. Usual occupation Pharmacist
 11. Industry or business Drug Store
 12. Name Lorenzo Northrop
 13. Birthplace Kansas (City, town or county) (State or foreign country)
 14. Maiden name Lattie Eastman
 15. Birthplace Iowa (City, town, or county) (State or foreign country)

Major findings: Of operations 3a
 Of autopsy
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant May Northrop
 (b) Address Rich Hill mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-44 (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn
 18. (a) Signature of funeral director Booths
 (b) Address Rich Hill mo
 19. (a) Sept 2 (Date received local registrar) (b) H. M. Douglas (Registrar's signature)

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) Means of injury
 23. Signature H. M. Douglas (M. D. or Registrar)
 Address Rich Hill Mo Date signed 9/3/44

578108 100
JUL 30 1945

JUL 23 1945

AUG 7 1945

RECEIVED
District Health Officer No. 7,
District File Number 8-44-1057
Date Filed 9-12-44

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 John H. Ludeword
Licensed Embalmer No. 3585
P. O. Address Butler 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.