

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACOBSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-DAYS 0
In this community 32 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County JOHNSON 14
(c) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1725 SWATZELL ROAD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country. ---

3. (a) PRINT FULL NAME MR LONNIE ELLIOTT GANDY

3. (b) If veteran, name war NO 3. (c) Social Security No. 707-05-0685

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. ELIZABETH HARRISON GANDY 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased MARCH 23 1912 (Month) (Day) (Year)

8. AGE: Years 32 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation VICE-PRESIDENT

11. Industry or business FIRST STATE BANK - KANSAS

12. Name E. H. GANDY

13. Birthplace MANY LOUISIANA (City, town, or county) (State or foreign country)

14. Maiden name CLARA RICHARDSON

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

16. (a) Informant Mrs. Betty Gandy

(b) Address 1725 Swatzell Rd, K.C. Kansas

17. (a) BURIAL (b) Date thereof SEPT-13-1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt MORIAN CEMETERY

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 9-13-44 (b) D. C. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 11TH year 1944 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from 9/3/44 to 9/8/44
that I last saw him alive on 9/8/44 and that death occurred on the date and hour stated above.

Immediate cause of death Lobes pneumonia Duration 4 days

Due to 121:2

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Acute appendicitis 8/4/44

Of autopsy Rt lobes pneumonia hypertrophied heart (sclerotic)

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury

23. Signature J. J. Deason (M. D. or other) M.D.

Address 907 Rielle Date signed 9/12/44

987- State Bill
1-4

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..... *Edward Foster*

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.