

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4440

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:
HAWTHORNE APTS - 1009 EAST 26TH ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 53 YEARS
years, months or days (Specify whether)

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. HAWTHORNE APTS - 1009 EAST 26TH ST.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. LUCY JANE LOFTIS ANDERSON
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. ELZA ANDERSON
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased AUGUST 16 - 1891
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month Nov day 2nd
year 1944 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 25
1944 to Nov 22 1944
that I last saw her alive on Nov 2nd 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 2 Days 17 hr. 16 min.

Immediate cause of death Central Lemnertage
systemic sclerosis
hypertension
myocarditis, chronic
Due to systemic sclerosis
Due to hypertension
myocarditis, chronic
Other conditions (include pregnancy within 3 months of death)
Major findings: 93d
Of operations
Of autopsy

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER
12. Name JAMES WILLIAMS
13. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARY FOREST
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. ELZA ANDERSON
(b) Address 5732 NORTON AVENUE

17. (a) BURIAL (b) Date thereof NOV 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director D. H. Peccorelli

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 11-4-44 (b) D. E. Brown
(Date received local registrar) (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 Chas. P. King (M. D. or other) MS
Address Lee Bldg Date signed 11/11/44

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

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..... *E. Oscar Hothby*.....

Licensed Embalmer No. *1767*.....

P. O. Address..... *Kansas City*.....

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.