

FILED OCT 24 1944
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 4151

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: N.C. GENERAL HOSPITAL NO. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MONTH
(Specify whether
In this community 20 YEARS 0
years, months or days)

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. 3003 EAST 31ST STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. DILLARD RAY LASATER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. NINA LASATER 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased JULY 27 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 02 Days 15 If less than one day hr. min.

9. Birthplace WILLIFORD 1 ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation CITY POLICEMAN

11. Industry or business RETIRED

MOTHER FATHER { 12. Name JAMES ELIAS LASATER
13. Birthplace SMITHVILLE 1 ARKANSAS
(City, town, or county) (State or foreign country)
14. Maiden name FRANCES ELIZABETH SMITH
15. Birthplace SMITHVILLE 1 ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. EULA ARNOLD
(b) Address 1300 PENN-APT.# 1

17. (a) REMOVAL (b) Date thereof OCT-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HARDY ARKANSAS

18. (a) Signature of funeral director W.H. Newcomer's Sons
(b) Address 1401 BRUSH @ CREEK BLVD

19. (a) 10-14-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 12TH
year 1944 hour minute P.M.

21. I hereby certify that I attended the deceased from Sept 12 44 to Oct 12 44

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 8301

Major findings: Of operations

Of autopsy See Above

Duration

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) (Specify type of place) Means of injury
23. Signature A. E. Water (M. D. or other)
Address 23 McKey Date signed 10/14/44

NOV 28 1948

W. W. W. W.
General Hospital

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 Hordley

Licensed Embalmer No. 1767

P. O. Address KC.

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.