

Registration District No. **4 1949**

Primary Registration District No. **1002**

Registrar's No. **5199**

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Norma Clark Home 2843 TROOST
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 1/2 months
(Specify whether years, months or days)

In this community 14 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **42**

(c) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 2843 Troost Ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME MATILDA A LOAR

3. (b) If veteran, name war NO

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 21
year 1944 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from 11-15-1944
to 12-21-1944
that I last saw him alive on Nov 1, 1944
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife ZACHARIAH T. LOAR

6. (c) Age of husband or wife if alive years

7. Birth date of deceased DECEMBER 7 1856
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis **1 yrt**

Due to General Arterio Sclerosis **4 yrt**

Other conditions (include pregnancy within 3 months of death) 93 d

8. AGE: Years 88 Months 0 Days 14
If less than one day hr. min.

9. Birthplace COVINGTON KENTUCKY
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Major findings: Of operations 93 d

Of autopsy 93 d

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name NATHAN LOAR

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

14. Maiden name UNKNOWN

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

16. (a) Informant ALVA LOAR

(b) Address 3717 HIGHLAND K.C. MO.

17. (a) REMOVAL (b) Date thereof 12-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST MARGIE CEM. LEAV. KS

18. (a) Signature of funeral director J. C. Davis

(b) Address Leavenworth Kansas

19. (a) 12-21-44 (b) N. 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?

(Specify type of place)

(c) Means of injury

23. Signature Frederick A. Besswin M.D.
Address 317 Orange Bldg Date signed 12/21/44

NC 210

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.....

P. O. Address.....

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.