. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1269

FILED FEB 6 1945

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 218

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Continental Hotel-11th & Baltimore
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. 1318 E. 14th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leta G. Loller
3. (b) If veteran, name war —
3. (c) Social Security No. Unknown
4. Sex F 3
5. Color or race Col
6. (a) Single, widowed, married, divorced div. 3
6. (b) Name of husband or wife UNKNOWN
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Jan. (Month) 17 (Day) 1888 (Year)

8. AGE: Years 56 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Lawrence (City, town, or county) Kans. 1 (State or foreign country)
10. Usual occupation Maid
11. Industry or business
FATHER
12. Name ~~Unknown~~ Grandville Gunther
13. Birthplace Lawrence (City, town, or county) Kans. 1 (State or foreign country)
MOTHER
14. Maiden name Mary Jones
15. Birthplace Lawrence (City, town, or county) Kans. 1 (State or foreign country)
16. (a) Informant Christina Peery
(b) Address 814 Nebraska K.C.K.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-45 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C.K.
19. (a) 1-15-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1945 hour — minute M.
21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acc. Fall. | Duration
Due to Fracture of Cervical Spine
Due to Crushed Injury to Chest
Other conditions (Include pregnancy within 3 months of death) Amputation of Left Arm
Major findings: Operations 1060 1038
Of autopsy Yes

PHYSICIAN 5 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) Acc. 123
(b) Date of occurrence 1-6-45
(c) Where did injury occur? K.C. Jackson (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hotel Public Place Jan. Fall. (Specify type of place)
While at work? Yes (e) Means of injury Trauma
23. Signature L. F. Richardson (M. D. or other) 3
Address 1832 Vine Date signed 1-12-45

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

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.