7. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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. 15948

FILED JUN 11 1945

Registration District No. 2470 Primary Registration District No. 1002 Registrar's No. 2345

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 Weeks (Specify whether years, months or days)

In this community: 4 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17

(c) City or town: Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No.: First National Bank Bldg.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Ralph Lozier

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Joura Carguthers

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

7. Birth date of deceased: Jan (Month) 28 (Day) 1886 (Year)

8. AGE: Years 79 Months 4 Days 0 If less than one day hr. min.

9. Birthplace: Ray County (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Lawyer

11. Industry or business:

FATHER
12. Name: Ralph M. Lozier
13. Birthplace: Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Janette Ridgell
15. Birthplace: Ky (City, town, or county) (State or foreign country)

16. (a) Informant: Earl Cheesemar
(b) Address: Carrollton Mo

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 5-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Carrollton, Mo.

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-31-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from January, 1945 to May 28, 1945 that I last saw him alive on May 28, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Embolus — Ventricular Fibrillation	2 hrs — Minutes
Due to: fracture of Rt. hip (non union)	2/10/44
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations:
Of autopsy:

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): accident

(b) Date of occurrence: 2-10-44

(c) Where did injury occur? Carrollton (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury: fall

23. Signature: Russell V. Brewer M.D. (M. D. or other)

Address: 3 Plaza Res Bldg K.C. Mo. Date signed: 5/31/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Dickson and Dr. Bohan Physicians

JUN 25 1958

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. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.