

FILED JUL 21 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

2871

Registration District No. 149

Primary Registration District No. 1001

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:
5735 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community 60 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. 5735 Virginia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME CHARLES EMERY LANCASTER

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Justina C. Lancaster 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased March 19, 1861
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 16 If less than one day hr. min.

9. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Mail Clerk

11. Industry or business same

MOTHER FATHER { 12. Name John Lancaster
13. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Sue Johnston
15. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Richard Lancaster
(b) Address 5735 Virginia, Kansas City, Mo

17. (a) Burial (b) Date thereof July 9 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Fork Cemetery
18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) 7-9-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1945 hour 2:10 minute P M.

21. I hereby certify that I attended the deceased from June 7, 1945 to July 5th 1945
that I last saw him alive on July 3rd 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: malnutrition Duration 6 mo
Due to Cerebral hemorrhage?
Due to Chronic Nephritis, Cordisvascular Disease 1 mo
Other conditions: Hypertension ?
(Include pregnancy within 3 months of death)

Major findings: Of operations 93 d
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) _____
(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 Wm H. Proff (M. D. or other)
Address Prof Bly K. Mo Date signed 7/9/45

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

JUL 25 1948

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 M L Canaday
Licensed Embalmer No. 3434
P. O. Address Holden, 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.