

S. No. 2
M-8-43
v. 5-7-36
X322

State File No.

FILED SEP 4 1945

Registration District No. 42

Primary Registration District No. 000

Registrar's No. 923

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Baby Girl Lytton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased August 31 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 hr. 30 min.

9. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Kraver Cleveland Lytton

13. Birthplace Buchanan Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mera Francis Wall

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

16. (a) Informant Father

(b) Address 2325 South 19th

17. (a) Burial (b) Date thereof August 31 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency Cem

18. (a) Signature of funeral director D A Sullivan

(b) Address G.W.E.R. Hwy

19. (a) 8-31-45 (b) Stanley P. Piche
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1945 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from 8-31-45
1945 to 8-31-45 1945
that I last saw her alive on 8-31-45
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Undetermined

Due to _____

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

Major findings: Of operations 157

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)

(c) Means of injury _____

23. Signature Dayton Smith (M. D. or other) _____
Address 218 N 7th St Joseph Mo Signed 8/31/45

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

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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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed H. A. Sullivan
Licensed Embalmer No. 1738
P. O. Address Gower 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.