

FILED MAR 2 1946

State File No. _____

Registrar's No. 747

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson County
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2703 E. 23rd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 14 years
(years, months or 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. 2703 E. 23rd St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Elizabeth Lytton
3. (b) If veteran, name war no 3. (c) Social Security No. none

20. DATE OF DEATH: Month Feb. day 9
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Feb. 9
_____ 1946 to Feb. 9 1946
that I last saw her alive on 2-9 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Horace Lytton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11, 1874
(Month) (Day) (Year)

Immediate cause of death _____
Due to Pneumonia (lobar) 9 Days
Due to _____

8. AGE: Years Months Days If less than one day
71 8 28 8 hr. _____ min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 108
Of autopsy _____

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

10. Usual occupation At home
11. Industry or business _____
12. Name Leander Ford
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Amander Newton
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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) (e) Means of injury 0

16. (a) Informant: Emerson H. Johnson
(b) Address 432 Keaney Dayton, Ohio
17. (a) buried (b) Date thereof 2/13/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director L.P. Watkins
(b) Address 1729 Lydin
19. (a) 2-13-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Sheldine Holmes (M. D. or other) MD
Address 2434 Vine Date signed 2-11-46

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

MOTHER FATHER

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

J. Jerome Manlove

..... Licensed Embalmer No. *3994*.....

..... P. O. Address. *2503 Highland*.....

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.