

S. No. 2
M-5-43
r. 5-17-39
P I X36671

State File No.

FILED JUN 25 1946

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 2566

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:
412 West 35th Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether years, months or days)
48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 412 West 35th Street, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Lottie Durham

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Edwin R. Durham 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased June 15 1861
(Month) (Day) (Year)

| | | | | |
|---------|-----------|-----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>84</u> | <u>11</u> | <u>25</u> | hr. min. |

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER
12. Name Joe McClure
13. Birthplace Missouri
14. Maiden name Virginia Ford
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Virginia Catherine Soovern
(b) Address 412 W. 35th St., Kansas City, Mo.

17. (a) burial (b) Date thereof 6-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

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

19. (a) 6-11-46 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1946 hour 7:55 minute A. M.

21. I hereby certify that I attended the deceased from June 10 1946 to June 10 1946
that I last saw her alive on June 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death hemipleg,
Coronary Artery

Due to Coronary Artery

Due to Coronary Artery

Other conditions (include pregnancy within 3 months of death)

Major findings: 50
Of operations
Of autopsy

Duration
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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 6/11/46

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

1946

Prof. B. B. B. B.

Dr. Donald Black

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 *J. Calvin Shippard*
Licensed Embalmer No. *4179*
P. O. Address *R. C. Moore*

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.