

No. 2  
12-45  
17-39  
X47070

FILED SEP 29 1947  
Registration District No. **749**

Primary Registration District No. **1002**

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

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 Joseph Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 hours**  
(Specify whether years, months or days)

In this community **24 hours**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass** **19**

(c) City or town **Garden City Mo** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **NONE** **0**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Billie Jean Lotspeich**

3. (b) If veteran, name war **no**

3. (c) Social security No. **none**

4. Sex **F** 5. Color **Wh**

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

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

7. Birth date of deceased **Sept 13 - 1947**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
-	-	1	hr. min.

9. Birthplace **Kansas City Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **infant**

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **George Lotspeich**

13. Birthplace **Creston Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Ruth Kirtley**

15. Birthplace **Kansas City Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Geo Lotspeich**

(b) Address **Garden City Mo**

17. (a) **Burial** (b) Date of removal **Sept 16 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Garden City Mo**

18. Signature of funeral director **Attorney Bros**

(b) Address **Warrensouille Mo**

19. (a) **9-14-47** (b) **Heraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **14** year **1947** hour **9** minute **45** **P.M.**

21. I hereby certify that I attended the deceased from **13 Sept** 1947, to **14 Sept** 1947; that I last saw her alive on **14 Sept** 1947; and that death occurred on the date and hour stated above.

Immediate cause of death **Congenital Heart Disease**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **atelectasis, unilateral**  
(Include pregnancy within 3 months of death)

Major findings: **1572**

Of operations \_\_\_\_\_

Of autopsy **Congenital abnormality of heart. Atelectasis**

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? **Mo**

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Geo. W. Griffith** (M. D. or other) **14 Sept**

Address **4000 E. 1st St. St. Louis, Mo.** Date signed **14 Sept**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

*Not*  
↑

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 *Floyd Harrison*.....

Licensed Embalmer No. *3920*.....

P. O. Address *Harrisonville*.....

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.