No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 27 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8803
Registration District No. 149
Primary Registration District No. 1002
Registrar's No. 1166

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: McMahon Convalescent Home 512 Woodland (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 2 yrs (Specify whether years, months or days)
In this community About 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Colo (b) County 999
(c) City or town Denver (If outside city or town limits, write "RURAL") 5
(d) Street No. 1249 Quebec (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Percy J. Lofland
3. (b) If veteran, name war - no
3. (c) Social Security No. unknown
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marjorie E
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased August 4 1893 (Month) (Day) (Year)
8. AGE: Years 54 Months 7 Days ~~2~~ 10 If less than one day hr. min.
9. Birthplace Hay Springs (City, town, or county) Nebr. (State or foreign country) 1
10. Usual occupation Inspector
11. Industry or business Burroughs Adding Machine Co
FATHER 12. Name Joshua Lofland
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER 14. Maiden name Wealthy Jane Bagby
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Marjorie E Lofland
(b) Address 1249 Quebec Denver Colo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah
18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.
19. (a) 3-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1948 hour One minute Seven A.M.
21. I hereby certify that I attended the deceased from Nov 19, 1947, to March 13, 1948; that I last saw him alive on March 13, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia (organism undetermined)	4 days
Due to Cerebral thrombosis (Recurrent episodes)	5 yrs.
Due to Arteriosclerosis	Over 5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy Bronchopneumonia (Cranial Vault not entered)

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Vance R. Kelsey M.D. or other) D.O.
Address 926 E 10th St. KC Mo Date signed 14 March 48

(Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. 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.