S. No. 2
M—5-43
r. 5-17-39
P I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 32972

Registrar's No. 4059

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks (Specify whether
In this community 2 Weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Jackson 999

(c) City or town Keyes City 54
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rolla H. Lathrop

3. (b) If veteran, name war World War I

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mabel

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Oct. 2, 1896
(Month) (Day) (Year)

8. AGE: Years 52 | Months 0 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace Arkansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles K. Lathrop
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarra E. Lee
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Lathrop
(b) Address Keyes Oklahoma

17. (a) Removal (b) Date thereof 10-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Guymon, Oklahoma

18. (a) Signature of funeral director J. L. Walton
(b) Address K.C. Mo

19. (a) 10-6-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1948 hour 2 minute 37 A.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1948, 19__, to October 6, 1948, 19__;
that I last saw him alive on October 6, 1948, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical Shock following perforated stomach — Duration 12 Hr.

Due to Duodenal Ulcer (ulcer)

Due to Pyloric tumor causing obstruction of same

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Pyloric tumor and duodenal ulcer. Benign

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?
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature L. J. Graham (M. D. or other) DO

Address 415 Bryant Bldg. Designed

(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 F. L. Walton

Licensed Embalmer No. 2744

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.