

0-300
10-47
17-39
I 3908

FILED DEC 4 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4709

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:
LITTLE SISTERS OF POOR, 5331 HIGHLAND
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution JUNE 1947 5
(Specify whether
In this community 16 MOS.
years, months or days)

3. (a) PRINT FULL NAME MR. JAY B. LUPHER

3. (b) If veteran, name war WW # 1 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive DEC years

7. Birth date of deceased AUG. 9, 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 87 If less than one day
hr. min.

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

10. Usual occupation MECHANIC

11. Industry or business _____

12. Name A. B. LUPHER

13. Birthplace PENN.
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET FOSTER

15. Birthplace PENN.
(City, town, or county) (State or foreign country)

16. (a) Informant ORLEY VAN VALEY (BROTHER)

(b) Address CHANUTE, KS. IN-LAW

17. (a) REMOVAL (b) Date thereof 11/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHANUTE, KS.

18. (a) Signature of funeral director STINE & McCLURE

(b) Address KANSAS CITY, MO.

19. (a) 11-18-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County WILSON
(c) City or town CHANUTE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 16
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from NOV. 1
to NOV. 16 1948

that I last saw him alive on NOV. 13
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Failure
Duration 1 day

Due to arteriosclerosis heart disease glaucoma

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations no 930
Of autopsy no
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? 0

John T. Skinner (Specify type of place) _____
While at work? _____ (a) Means of injury _____

23. Signature John T. Skinner (M. D. or other) MD
Address 1162 Grand Date signed 11/17/48
J. E. MO

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

MOTHER FATHER

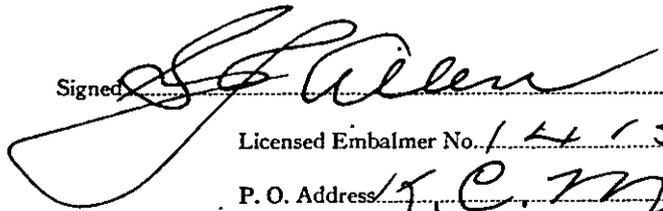
12/29/1914

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.....

William L Anderson, Registered Apprentice No. *259*
working under my personal supervision.

Signed.....



Licensed Embalmer No. *1415*

P. O. Address *J. C. M. S.*

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.