

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>143</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 4th Mo</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mendish Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>56 27 CHARLOTTE STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>Gerald - William Lashbrook</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 10 - 49</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 21 - 1907</u>		9. AGE (In years last birthday) <u>41</u>	If UNDER 1 YEAR Months Days	If UNDER 2 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BAILIFF</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUNICIPAL COURT</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE W. LASHBROOK</u>			13b. MOTHER'S MAIDEN NAME <u>ELLEN HAYES</u>		14. NAME OF HUSBAND OR WIFE <u>DORA LASHBROOK</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-03-8674</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. DORA LASHBROOK 5627 CHARLOTTE STREET, KANSAS CITY, MISSOURI</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepato-renal Syndrome</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Cholecystitis</u> <u>6 mos</u> DUE TO (c) <u>Cholelithiasis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>584</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Chronic Cholecystitis - Cholelithiasis</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>U</u>			
22. I hereby certify that I attended the deceased from <u>12.20</u> , 19 <u>48</u> , to <u>1.10</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>1.10</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry C. Lapp</u> (Degree or title)				23b. ADDRESS <u>1103 Grand</u>		23c. DATE SIGNED <u>1.11.49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 13 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>1-12-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Weaver Sons 1401 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI</u>		

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Edward M. Storey*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *H. C. 4 Mea*

**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.