S. No. 300
v. 10.48

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

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8496

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 784

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 3 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home 1916 E.14 St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 1916 E.14 St

3. NAME OF DECEASED (Type or Print)
a. (First) Laura
b. (Middle)
c. (Last) Loche

4. DATE OF DEATH (Month) (Day) (Year) February 14-49

5. SEX Female
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June, 6-1896
9. AGE (In years last birthday) 52 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (State or foreign country) Louisiana
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Perry James
13b. MOTHER'S MAIDEN NAME Tam Jacobs
14. NAME OF HUSBAND OR WIFE Louis D.Loche.Sr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Louis D.Loche.Sr **ADDRESS** 1916 E.14 St

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Luetic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-3, *1947, to* 2-14, *1949, that I last saw the deceased alive on* Jan 2, *1949, and that death occurred at* 8:30a. *m., from the causes and on the date stated above.*

23a. SIGNATURE V. L. Dixon (Degree or title) M.D.
23b. ADDRESS 2204½ E.18 St
23c. DATE SIGNED 2-18-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb.19-1949
24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery
24d. LOCATION (City, town, or county) Kansas City, (State) Mo.

DATE REC'D BY LOCAL REG. 2-19-49
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE West Appleton & Jones
ADDRESS 1905 Linc

(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 and~~ Napoleon Jordon, Student Embalmer No. 267, working under my personal supervision.

Signed Napoleon Jordon
Student Embalmer

Signed C. H. West
Licensed Embalmer No. 2710
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.