

FILED OCT 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 33903

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4411

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 105	
c. LENGTH OF STAY (in this place) 20 YEARS		d. STREET ADDRESS (If rural, give location) 815 EAST 42 ND STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 815 EAST 42 ND STREET			

3. NAME OF DECEASED (Type or Print) JOHN	a. (First)	b. (Middle) @	c. (Last) LANNER	4. DATE OF DEATH (Month) (Day) (Year) OCT. 14-1949
--	------------	---------------	------------------	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-24-1877	9. AGE (In years last birthday) 72 YEARS	IF UNDER 1 YEAR Hours Min.	IF UNDER 4 HRS. Hours Min.
-------------	------------------------	--	------------------------------	--	----------------------------	----------------------------

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

13a. FATHER'S NAME LANNER	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE MRS. LILLA B. LANNER
---------------------------	---------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 510-16-3791	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lilla B. Lanner	ADDRESS 815 EAST 42 ND ST. KANSAS CITY, MO.
---	-------------------------------------	--	--

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis		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) Coronary Thrombosis		
	DUE TO (c) Diabetes Mellitus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Best of Insulin 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:50A m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1038 Pinalto Bldg	23c. DATE SIGNED 10-14-49
--	--------------------------------	---------------------------

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE OCT. 17 1949	24c. NAME OF CEMETERY OR CREMATORY MANHATTAN	24d. LOCATION (City, town, or county) (State) MANHATTAN KANSAS
--	------------------------	--	--

DATE REC'D BY LOCAL REG. 10-15-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1531 BRUNN GREEN BLDG KANSAS CITY, MO.
-----------------------------------	--	---

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

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.

Student
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4162

P. O. Address Kansas City, 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.