

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

 State File No. 23580
2981
 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>				
c. LENGTH OF STAY (In this place) <u>30 YEARS</u>				d. STREET ADDRESS (If rural, give location) <u>507 WEST 74TH STREET</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 WEST 74TH STREET</u>				e. STREET ADDRESS (If rural, give location) <u>507 WEST 74TH STREET</u>				
3. NAME OF DECEASED (Type or Print) <u>ELEANOR</u>			a. (First) <u>MAY</u>		b. (Middle) <u>LANAHAN</u>		c. (Last)	
4. DATE OF DEATH <u>JULY-6-1950</u>		(Month) (Day) (Year)		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>AUG-6-1877</u>		9. AGE (In years last birthday) <u>72 YRS.</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		
11. BIRTHPLACE (State or foreign country) <u>Quincy, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>CYRUS SHONTS</u>		13b. MOTHER'S MAIDEN NAME <u>CAROLINE VAN ORSDALE</u>		
14. NAME OF HUSBAND OR WIFE <u>JOHN HENRY LANAHAN</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. J. WELDON LEWIS</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension - myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS</u> <u>44 Y</u>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		
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 <u>10-13-</u> , 19 <u>47</u> , to <u>7-3-</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-3-</u> , 19 <u>50</u> , and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above.		
23a. SIGNATURE <u>H. R. Lydton Jr M.D.</u>		23b. ADDRESS <u>1027 E 75, K.C. MO</u>		23c. DATE SIGNED <u>7-6-50</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		
24b. DATE <u>JULY 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKHILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CARROLLTON, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmead</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmead</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcome's Sons</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1331 BRUSH CREEK BLVD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>KANSAS CITY, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John E. Fraking*

Licensed Embalmer No. *4483*

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.