

FILED AUG 12 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2870

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:  
Northeast Hospital at 620 Bennington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days (Specify whether  
In this community 18 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson  
(c) City or town Olathe  
(If outside city or town limits, write "RURAL")  
(d) Street No. 307 West Park  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mrs. Lois Jean Ainsworth

20. DATE OF DEATH: Month July day 29th  
year 1942 hour 8 minute A.M. M.

3. (b) If veteran, name war None 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from July 27  
1942, to July 29, 1942,  
that I last saw her alive on July 29  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, married

Immediate cause of death Acute edema of brain Duration 2 days

6. (b) Name of husband or wife William V. Ainsworth 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased March (Month) 9 (Day) 1924 (Year)

8. AGE: Years 18 Months 4 Days 20 If less than one day hr. min.

Due to Allergy to coletar drugs. Flu  
Medecine was not taken under  
direction of Physician

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

Other conditions 85N  
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:  
Of operations

11. Industry or business -----

Of autopsy

12. Name Louis F. Livey S. Clark Bowen

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

14. Maiden name Lorraine Richardson

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

16. (a) Informant Wm V Ainsworth  
(b) Address 1638 Poplar Avenue

17. (a) Burial (b) Date thereof July 31, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wt. Washington Cemetery

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-30-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Olaf Salomon (If other) Do.

Address 6047 E. 15th Date signed 7/30/42

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

48  
30  
80

6047  
2-7  
Sheet 13 of Sheet

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *R. C. Newcomer Jr* .....

Licensed Embalmer No. *4043* .....

P. O. Address..... *R. C. New* .....

**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.**