

FILED MAR 25 1943

1292

Registration District No. 149

Primary Registration District No. 1002

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:
433 South Colorado Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 433 South Colorado
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lola Marie Henderson Stoltz

3. (b) If veteran, name war No
(c) Social Security No. 492-18-8686

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Robert S. Stoltz
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November 9 1895
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 4
If less than one day hr. _____ min.

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

10. Usual occupation Solicitor

11. Industry or business International Circulation Co. Inc.

MOTHER FATHER
12. Name W. B. Henderson Hutchison
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Marie Young
15. Birthplace Scotland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Robert S. Stoltz

(b) Address 433 South Colorado Avenue

17. (a) Removal March 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burlingame, Kansas

18. (a) Signature of funeral director D. H. Newcomer, Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 3-15-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw h. Deputy Coroner
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis with myocardial fibrosis.
Due to _____
Due to _____

Other conditions. gta
(Include pregnancy within 3 months of death)
Major findings: _____
operations _____

Of autopsy See above

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?

23. Signature D. E. Usher (M. D. or other) M.D.
Address 23rd M. & Clay Date signed 3/14/43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

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

Signed *N. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address *N. 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.