

FILED MAR 27 1946

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:  
Hyde Park Nursing Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Years (Specify whether  
In this community 4 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City ?  
(If outside city or town limits, write "RURAL")  
(d) Street No. 401 East 36th Street 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME MISS LOTTIE FERN GLOVER

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

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

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased September 24th 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 5 21 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Joseph B. Glover

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

14. Maiden name Charlotte Taylor

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

16. (a) Informant Miss Lulie M. Glover

(b) Address 50 East 54th Street

17. (a) Removal (b) Date thereof 3/ 16/ 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 3-16-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th  
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from March 1, 1946 to March 10, 1946  
that I last saw her alive on March 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Respiratory Failure Duration  
myocardial failure  
due to chronic hypertension unknown  
Due to old age

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131a

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

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 J. G. Farnsworth (M. D. or other)

Address 1320 W. 10th St. Kansas City Date signed 3/15/46

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

8347

*H. Farnsworth*

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**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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kenosha City, W. Va.*

**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.**