

FILED JAN 2 1947/9  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 5287

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 3230 E-9th  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2.5 yrs (Specify whether 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. 3230 East 9th St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Lulu Jane Warthan

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13 year 1947 hour 7 minute 30 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George W. Warthan 6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased Aug 31 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2, 1947 to Dec 13, 1947; that I last saw her alive on Dec 11, 1947; and that death occurred on the date and hour stated above.

Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>12</u>	.....hr. ....min.

Immediate cause of death

Chronic Myocardial Disease

Coronary Decomposition

Due to.....

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

Due to.....

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Homemaker

Major findings: Of operations 93%

11. Industry or business

12. Name Jeppha S. Timley

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

14. Maiden name Catherine E. Hoagland

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

Of autopsy .....

22. If death was due to external causes, fill in the following:

16. (a) Informant George W. Warthan

(b) Address 3230 E-9th

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Removal (b) Date thereof Dec-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flemington Mo

(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? (Specify type of place)

18. (a) Signature of funeral director Mrs. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 12-15-47 (b) Stearldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? (e) Means of injury 0

23. Signature C. W. ... (M. D. or other) MD

Address 10316 Elmwood Date signed 12/13/47

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

MOTHER FATHER

PHYSICIAN

Underline the cause of which death should be charged statistically.

Dr. W. Rose  
103 N. Elmwood  
Rm. 4171  
130 to 5 P.M. Monday.

**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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

K.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.