

Registration District No. 149

Primary Registration District No. 1002

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

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:
1411 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 years years, months or days)

3. (a) PRINT FULL NAME LOUSETTIE JANE TAYLOR

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex fe / 5. Color or race white

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife John W.

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

7. Birth date of deceased February 4, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business at home

12. Name Zacariah Stout

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

14. Maiden name Mary Cecil

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

16. (a) Informant Mrs. C. I. Westrope

(b) Address 3834 Bellefontaine

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Cornelia Mo

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 12-17-48 (Date received local registrar) (b) Heraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1411 Montgall
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1941
_____ 19____ to 12-16-48 19____;

that I last saw her alive on 12-13-48 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease & signs of congestive and left ventricular failure

Due to bronchitis - Bronchectasis 30 years

Other conditions 93 D
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

23. Signature John H. Wheeler (Specify type of place) _____
While at work? (c) Means of injury

Address 1420 Poplar Beach (M. D. certificate) _____

Date signed 12-17-48

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. 274
working under my personal supervision.

Signed OK McFarland

Licensed Embalmer No. 4397

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.