

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED JUN 11 1945

Primary Registration District No. **1002**

Registrar's No. **2345**

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: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 weeks**
(Specify whether years, months or days)

In this community **4 weeks**

3. (a) PRINT FULL NAME **Ralph Lozier**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **no**

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jowa Caruthus**

6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **Jan 28-1886**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
79	4	0	hr. min.

9. Birthplace **Ray County Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lawyer**

11. Industry or business **Lawyer**

12. Name **Ralph M. Lozier**

13. Birthplace **Jan 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Fanetta Ridgill**

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

16. (a) Informant **Earl Cheeseman**

(b) Address **Carrollton Mo**

17. (a) **removal**
(Burial, cremation, or removal)

(b) Date thereof **5-28-45**
(Month) (Day) (Year)

(c) Place: burial or cremation **Carrollton, Mo.**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-31-45**
(Date received local registrar)

Staldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **17**

(c) City or town **Carrollton**
(If outside city or town limits, write "RURAL")

(d) Street No. **First National Bank Bldg.**
(If rural, give location)

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

If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **28**
year **1945** hour **2:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **January** 1944 to **May 28** 1945
and that death occurred on the date and hour stated above.

that I last saw him alive on **May 28** 1945

Immediate cause of death **Pulmonary embolism**
ventricular fibrillation

Due to **fracture of Rt. hip**
(not union)

Other conditions **III**
(Include pregnancy within 3 months of death)

Major findings: **III**
Of operations **III**

Of autopsy **III**

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) **accident**

(b) Date of occurrence **2-10-44**

(c) Where did injury occur? **Carrollton Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? **no.** (Specify type of place)

(e) Means of injury **fall**

23. Signature **Hess & Sons**
(M. D. or other)

Address **29 Plaza Des Reg. 200, Mo** Date signed **5/31/45**

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

600011045

Dr. Dickson and Dr. Bohan

Platz & Platz

JUN 25 1958

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 *E. M. Plank*.....

Licensed Embalmer No.: *1848*.....

P. O. Address *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.