

RECD MAR 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6754
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Blue Primary Registration District No. 5554 Registered No. 66
(c) City Sugar Creek (d) Street No. 11330 Park St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Thice

(a) Residence, No. 11330 Park St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Thice

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 30, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Illinois

FATHER 13. NAME Sebastian Hoffman

14. BIRTHPLACE (CITY OR TOWN) France
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Frank Woodward
(ADDRESS) 11330 Park - Sugar Creek, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE Feb. 22, 39

19. FUNERAL DIRECTOR Ott & Mitchell
(ADDRESS) Independence, Mo.

20. FILED 2-23, 1939 F. L. Cook 360 (Address) Independence, Mo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1934 to Feb 21, 1939.

I last saw her alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 8:00am.

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease
(Ascites - General edema)

Date of onset 1930

Other contributory causes of importance:

Exophthalmic Goiter 1928

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. H. Kitchens, M. D.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)