

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27525**  
**3158**  
Registrar's No.

Registration District No. **399**

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: **3406 Euclid**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 Yrs.** (Specify whether years, months or days)

8. (a) PRINT FULL NAME **Anna Searoy**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **no.**

4. Sex **Fe** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **Nov. 21 1869**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **8** Days **14** If less than one day **hr. min.**

9. Birthplace **Nillbrook N. Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER { 12. Name **Albert Ryder**  
13. Birthplace **Unknown**  
14. Maiden name **Unknown**  
15. Birthplace **Unknown**

16. (a) Informant **Claude K. Winens**  
(b) Address **3406 Euclid Ave. K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 8-40**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Eylar Funeral Home**  
(b) Address **1800 Linwood Blvd. K.C. Mo.**

19. (a) **Aug. 7, 1940** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3406 Euclid Ave.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6**  
year **1940** hour **5:30** minute **A. M.**

21. I hereby certify that I attended the deceased from **Aug 7** 19**40** to **Aug 6** 19**40**  
that I last saw her alive on **Aug 4** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**

Due to \_\_\_\_\_

Due to **94%**

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

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **James P. Marshall** (M. D. or other)  
Address **2020 Euclid Ave. K.C. Mo.** Date signed **8/6/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... *Chas Wilks* .....

Licensed Embalmer No. *2644*

P. O. Address *1800 Pinewood*

**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, above space should be left blank.**