

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED APR 15 1941
Registration District No. **99**

Primary Registration District No. **1602**

Registrar's No. **1134**

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 days** (Specify whether
In this community **56 years** (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. **1833 Washington**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13th**
year **1941** hour **6** minute **25 P.** M.

21. I hereby certify that I attended the deceased from
Feb. 25th **1941** to **March 13th** **1941**
that I last saw him alive on **March 13th** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Possible Aleukemia Leukemia (clinical)
Acute gangrenous pyelonephritis, left with
Due to **gangrenous cystitis and hyperplasia of**
left adrenal gland

Duration

Due to _____
Other conditions
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____
Of autopsy **See above**

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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature **Amey R. Shaw** (M. D. or other) _____
Address **Med. Dir. K. C. Gen. Hospital K. C. Mo.** Date signed _____

3. (a) PRINT FULL NAME **ANNIE GARRETT**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lee Garrett** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased: **December 6, 1884**
(Month) (Day) (Year)

8. AGE: Years **56** Months **3** Days **7** If less than one day hr. min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Walter W. Laurie**

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

14. Maiden name **Lena Ogden**

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

16. (a) Informant **Lee Garrett**

(b) Address **1833 Washington**

17. (a) **Burial** (b) Date thereof **3/19/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Quirk & Baker Co**
(b) Address **K. C. Mo.**

19. (a) **3/19/41** (b) **Dr. M. Crowe**
(Date received local registrar) (Registrar's signature)

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

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.....



Licensed Embalmer No.....

4097

P. O. Address.....

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.