

Registration District No. 395 Primary Registration District No. 102

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Lakeside Hospital
(d) Length of stay: In hospital or institution 21 Yrs.
In this community 21 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2725 Park Avenue
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mrs. Annie Schelnut Denham

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 Mr. J. C. Denham 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased September 21 1865
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name Louis Schelnut

13. Birthplace Savannah, Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Nichols

15. Birthplace Unknown, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. C. Denham
(b) Address 2725 Park Ave.

17. (a) Burial (b) Date thereof Apr. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director O. H. Newsome's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Apr. 24, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1941 hour 8 minute 36 A. M.

21. I hereby certify that I attended the deceased from April 4, 1941, to April 22, 1941;
that I last saw her alive on April 22, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Failure Duration 3 hrs.

Due to Intestinal Obstruction (mechanical) 9 days

Due to acute kinking from band of adhesion
Other conditions 122 B
(Include pregnancy within 3 months of death)

Major findings: Kinking from adhesions
Of operations ---
Of autopsy None 122 B

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) (c) Means of injury ---

23. Signature George J. Conley (M. D. or other) SO.
Address 212 Tower Bldg Date signed Apr 28/41

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

18
003

116-1111
2-5

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.....

H. C. Newcomer

Licensed Embalmer No.....

4043

P. O. Address.....

H. 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.