

0-2
4-41
7-39
X26390

FILED AUG 16 1941
Registration District No. 279

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:
3218 East 61st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 53 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3218 East 61st.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Annie E. Cheetham
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Reginald F. Cheetham 6. (c) Age of husband or wife if alive 1860 years (Day) (Year)

| | | | | |
|---------|-------|--------|------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 80 | 6 | 19 | hr. min. |

9. Birthplace England 4 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business House Wife

MOTHER FATHER { 12. Name John Coates
13. Birthplace England 4 (City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record 9 (City, town, or county) (State or foreign country)

16. (a) Informant Florence Dyer
(b) Address 3418 East 61st.

17. (a) Burial (b) Date thereof 7/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn, K.C. Mo.

19. (a) July 15 1941 (b) M. M. Crowe
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
year 1941 hour 1 minute A.M.

21. I hereby certify that I attended the deceased from June 2, 1940, to July 13, 1941
that I last saw her alive on July 13, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio-sclerosis Duration

Due to Senile degenerative changes
Due to 131B-131C

Other conditions Arteriohypertensive nephritis
the exacerbation of a Ch. tryptic

Major findings: Of operations _____
Of autopsy None
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) (b) Means of injury _____

23. Signature Arthur Hoffmann (M. D. or other) D
Address 900 Riatts Bldg Date signed July 14/41

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

3/10/51

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

John C. Law

Licensed Embalmer No. 4129

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.