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4-41  
7-39  
X26390

SEP 12 1941

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3246

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days (Specify whether  
In this community 54 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 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 311 West 39th St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Miss Anna Kuckuk

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 29 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name No Record

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

14. Maiden name Gertrude Diedrich

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

16. (a) Informant Mrs. Lucy Kuckuk

(b) Address 311 West 39th St.

17. (a) Burial (b) Date thereof 8-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John N. Wagner  
Kansas City, Missouri

(b) Address 9/29/41

19. (a) 9/29/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th  
year 1941 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 8-18-41  
8-27-41 1941 to 8-27 1941  
that I last saw her alive on 8-26 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism sudden  
Due to Renal st. Nephros 8-19-41  
tumors

Due to Carcinoma of Ovary (?)  
Other conditions 49d  
(Include pregnancy within 3 months of death)

Major findings: Large st. nephros  
Of operations Malignant tumor  
Of autopsy Cancer - Embolism  
of Lung

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?  
\_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Name of injury)

23. Signature C. H. Hensel (M. D. or other) 0  
Address 15 Ct. ... Date signed 9/29/41

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

MOTHER FATHER

MAR 10 1942

MAR 9 1942

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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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.**