

No. 2
-1-4-41
5-17-39
X26390

JAN 24 1942 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4653

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. Convalescent Home-3200 Norledge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months 3 Days
(Specify whether
In this community 30 Years 4
years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Catherine Kiefer
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 Widowed
6. (b) Name of husband or wife Mr. John H. Kiefer
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased November 20 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 0 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business -

MOTHER FATHER { 12. Name Kruhn
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lottie Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Hal Kiefer
(b) Address 2722 Brighton Avenue

17. (a) Burial (b) Date thereof Dec. 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation H.H.H. Mt. Moriah Cemetery

18. (a) Signature of funeral director D.H. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Dec. 15, 41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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") 2
(d) Street No. 2722 Brighton Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 13
year 1941 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from AUG 15
1941 to SEPT 1 1941.
that I last saw her alive on DEC. 13 1941.
and that death occurred on the date and hour stated above.

Immediate cause of death
CARCINOMA OF RECTUM 14.
METASTATIC CO. OF LIVER
Due to 7 BOWEL

Due to _____

Other conditions (Include pregnancy within 3 months of death)
462

Major findings:
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? _____ (Specify means of injury) _____
23. Signature John E. ... (M.D. or other) _____
Address 449 N. E. 27th St Date signed 12/14/41

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

888

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..... *Emile M. Calhoun*
Licensed Embalmer No..... *3506*
P. O. Address..... *K. E. 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.