

FILED APR 8 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1242

48
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
828 W. 39th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 7 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
(If outside city or town limits, write "RURAL")

(d) Street No. 828 W. 39th Terrace
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mrs. Anna May Toews

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 Henry John Toews

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 15 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>6</u>	<u>9</u>hr.min.

9. Birthplace Anderson, Ia Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name William Apsley

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

{ 14. Maiden name Sarah Hatfield

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

16. (a) Informant Henry J. Toews

(b) Address 828 W. 39th Terrace

17. (a) Burial (b) Date thereof 3-27-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 3-26-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1942 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from about 1938 to March 24, 1942
that I last saw her..... alive on March 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 days
Duration

Due to arteriosclerosis & hypertension about 10 yrs

Due to.....

Other conditions (Include pregnancy within 3 months of death) 820

Major findings: Of operations..... 830

Of autopsy 720

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)

(e) Means of injury.....

23. Signature J. H. Armstrong (M. D. or other) 0
Address 230 E. 13th St. Date signed 3/25/42

05/12/80
11 34 34
D. J. Thomas
D. J. Thomas

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 Clarence W. Chiles
Licensed Embalmer No. 3473
P. O. Address 36 c 760

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.