

FILED JUN 8 1942

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 2014

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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:
2834 Madison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2834 Madison
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS ANNA TRADER

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 Widow

(b) Name of husband or wife Samuel Trader

6. (c) Age of husband or wife if alive 11 years

7. Birth date of deceased May 11 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name No record

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

14. Maiden name No record

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

16. (a) Informant Edward Bartels

(b) Address 2834 Madison An

17. (a) Burial (b) Date thereof May 25 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Quirk & Tolis

(b) Address 20 West Linwood

19. (a) 5-24-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day May
year 1942 hour 11:50 minute A M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw Dr. Joseph Crowe and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Hypertensive myocarditis

Due to _____

Other conditions 935
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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 3

33. Signature Joseph Crowe (M. D. or other) _____
Address _____ Date signed _____

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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.....



Licensed Embalmer No. 4097

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.