

FILED DEC 31 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4791

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:
5727 Kenwood Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 62 Years
years, months or days)

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. 5727 Kenwood Avenue
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country Germany

3. (a) PRINT FULL NAME Mrs. Maryanne Henrietta Jankus
 3. (b) If veteran, name war None
 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. Carl A. Jankus 6. (c) Age of husband or wife if alive --- years
 7. Birth date of deceased May 4 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 7 16 hr. min.

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

10. Usual occupation None
 11. Industry or business At Home

MOTHER FATHER { 12. Name Unknown Krause
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. H. Peebles
 (b) Address 5727 Kenwood Avenue

17. (a) Burial (b) Date thereof Dec. 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial Forest Hill Cemetery

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

19. (a) 12-23-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 20th
 year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 1942
 19. to Dec 19 1942
 that I last saw him alive on Dec 19 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis - sudden death
 Due to Coronary sclerosis
General arterial sclerosis
 Due to 94a
 Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy as above
 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) Means of injury
 23. Signature C. L. Peles (M. D. or MD)
 Address 1414 Prof Ba 7 Clmo Date signed 12.20/42

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

Justified

Justified

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 *A. C. Newcome Jr*
Licensed Embalmer No. *4043*
P. O. Address *R. C. 7th*

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.