

FILED DEC 18 1942
 1942

State File No. _____
 Registrar's No. 4620

Registration District No. _____

Primary Registration District No. 1002

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:
St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
 In this community No Record (Specify whether 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. 4246 Clark
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME MRS ANNA TRAWINS
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 11
 year 1942 hour 10 minute 35 A.M.

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Frank
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased No Record
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-28, 1942 to 12-11, 1942
 that I last saw her alive on 12-10, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death coronary heart - hypertension
 Due to _____
 Duration 2 wk yrs

9. Birthplace No Record (City, town, or county) (State or foreign country) 9
 10. Usual occupation None

Other conditions 1. leukemia
 (Include pregnancy within 3 months of death)
 Due to 83 a

MOTHER FATHER

11. Industry or business _____
 12. Name No Record
 13. Birthplace II (City, town, or county) (State or foreign country) 9
 14. Maiden name _____
 15. Birthplace II (City, town, or county) (State or foreign country) 9

Major findings: Of operations none
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Rev John Downey
 (b) Address 3984 Washington Ave
 17. (a) Burial (b) Date thereof 12-14-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Marys Cemetery
 18. (a) Signature of funeral director Dwight G. Robin
 (b) Address 20 West Linwood
 19. (a) 12-11-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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 Harold Jones (M. D. or other) _____
 Address _____ Date signed 12-11-42

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..... *Charles M. Dwork*

Licensed Embalmer No. *3774*

P. O. Address..... *H. O. Dwork*

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.