

X32873

FILED JAN 21 1943
Registration District No. 1779

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1327 Summitt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 50 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1327 Summitt
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Anna Louise Elliott

3. (b) If veteran, name war. -- 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Chas. Elliott 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Dec. 2, 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 1 If less than one day
hr. min.

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

10. Usual occupation Homemaker

11. Industry or business Self

12. Name Dr. John Shaw 13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Emilie Ann Hadley 15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. Elliorr
(b) Address 1327 Summitt K.C.Mo.

17. (a) Burial (b) Date thereof Jan. 7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave. K.C. Mo.

19. (a) 1-5-43 (b) m. m. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1943 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 15,
1942 to Jan 3, 1943
that I last saw her alive on Jan 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus Duration 1 yr.

Due to 48 B

Due to

Other conditions (include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature F.W. Thompson (M. D. or other) DO
Address 720 Bryant Bldg Date signed 1/4/43

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

MOTHER FATHER

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.....

J.P. Sheil
Licensed Embalmer No. 3025-

P. O. Address.....

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.