

MAR 15 1943
Registration District No. **149**

Primary Registration District No. **1002**

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:
2928 Forest Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **20 years** (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. **2928 Forest Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Miss Anna Lee Hane**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-01-4546**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **March 15 1913**
(Month) (Day) (Year)

8. AGE: Years **29** Months **11** Days **128** If less than one day hr. min.

9. Birthplace **Kirkville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Switchboard Operator**

11. Industry or business **McCune-Caldwell & Downing**

12. Name **Emerson B. Hane**

13. Birthplace **Kirkville Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Eva May Hane**

15. Birthplace **La Plata Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva Hane**

(b) Address **2928 Forest Ave.**

17. (a) **Cremation** (b) Date thereof **3-3-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Frdeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **3-3-43** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2**
year **1943** hour **12** minute **20** M.

21. I hereby certify that I attended the deceased from **December 10 1942** to **Feb. 2 1943**

that I last saw **her** alive on **March 2 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Carcinoma of the lungs with metastases same**
Duration **1 yr. 7 mo. 47**

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

Major findings: Of operations.....

Of autopsy **Carcinoma of both lungs with metastases gen.**

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 **Michael Bechtel** (M. D. or other) **MD**
Address **4610 Troost St., Mo.** Date signed **3-3-43**

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

11/20/77

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 H. Chiles
Licensed Embalmer No. 3473
P. O. Address He 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.