

FILED MAR 5 1943/9
Registration District No.

Primary Registration District No. 1002

Registrar's No. 796

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:
1000 East 29th St /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 15 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. 1000 East 29th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna G Saby

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

4. Sex female / race white
5. Color or 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years
7. Birth date of deceased July 13 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 27 hr. min.

9. Birthplace St. Croix County, Wis
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher
11. Industry or business none

MOTHER FATHER
12. Name Elling Saby
13. Birthplace Norway
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Hoell
15. Birthplace Norway
(City, town, or county) (State or foreign country)

16. (a) Informant T.S. Saby
(b) Address 6402 Greenwood, Chicago, Ill

17. (a) Cremation (b) Date thereof Feby 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director
(b) Address 3146 Main St

19. (a) 2-15-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day Feby
year 1943 hour 10 minute 25 PM M.

21. I hereby certify that I attended the deceased from
Common 19;
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio-sclerotic heart disease

Due to 9/25

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: arteriosclerosis & heart disease
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?

(Specify type of place)
(e) Means of injury
23. Signature R.C. Crowe 3 (M. D. or other)
Address R.C. Crowe 3 Date signed 2/13/43

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

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 Paul G. Rowe
Licensed Embalmer No. 2347
P. O. Address H. E. 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.