

FILED MAR 5 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 983

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:
Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Seneca
(If outside city or town limits, write "RURAL")

(d) Street No. Menorah Hospital
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Anna Wolcott.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 11 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>13</u>hr.min.

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

10. Usual occupation Retired Teacher

11. Industry or business

MOTHER FATHER { 12. Name S.P. Newland

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Heckam

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J.G. Newland

(b) Address Dixon Hotel. K.C.MO.

17. (a) Removal (b) Date thereof Feb 25 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Kansas

18. (a) Signature of funeral director Cyril J. Lauer

(b) Address Seneca Kansas

19. (a) 2-25-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1943 hour 76 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 22 1943 to Feb 24 1943
that I last saw her alive on Feb 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - acute

Due to Coronary Sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings of operations

Of autopsy

Duration Unknown

Physician Unknown

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

23. Signature M. M. Brown (M. D. or other)

Address 1007 Pa. Rd. Seneca Date signed 2/27/43

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.....

Chas Wells

Licensed Embalmer No. *2644*

P. O. Address. *1800 Linwood*

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.