

Registration District No. 149

Primary Registration District No. 1602

Registrar's No.

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:  
41 East 32nd St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
In this community 46 years

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. 41 East 32nd St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Anna L. Jahn

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

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

6. (b) Name of husband or wife William H. Jahn 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 4 1875  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name William Cox  
13. Birthplace Louisville Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Ann Walsinger  
15. Birthplace Utica Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Evelyn Jahn  
(b) Address 41 E. 32nd St.

17. (a) Burial (b) Date thereof 4-20-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Mo.

19. (a) 4-19-43 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18  
year 1943 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 24 1943 to April 18 1943  
that I last saw her alive on April 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Chronic Myocarditis 6 yrs.

Due to Pulmonary edema 2 days

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (c) Means of injury

23. Signature Victor J. Bergman (M. D. initials)  
Address 818 Riverside Bldg Date signed 4-19-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*9-11-45 Friday  
1:15-5:00  
The "Baby" Room  
H. C. Brown*

**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. H. Deenan*

Licensed Embalmer No. *2939*

P. O. Address *H. C. Brown*

**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.**