. S. No. 2
00M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20494

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2599

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: 413 S. Jackson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

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

(d) Street No. 413 South Jackson
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Anna McMains

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 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April (Month) 10 (Day) 1863 (Year)

8. AGE: Years 80 Months 1 Days ~~28~~ 27 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Charles Vanderwalker
13. Birthplace (City, town, or county) New York (State or foreign country) 1

MOTHER
14. Maiden name Fannie Bethel
15. Birthplace (City, town, or county) Virginia (State or foreign country) 1

16. (a) Informant Mrs. Ted LaBrash
(b) Address 413 South Jackson

17. (a) ~~Burial~~ (~~Burial, cremation~~, or removal) (b) Date thereof 6/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill, Kansas City, Kas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd street

19. (a) 6-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th year 1943 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from Apr 21st, 1943, to June 5, 1943 that I last saw her alive on June 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and nephrosclerosis — Duration 15 yrs

Due to ~~cl~~

Due to 131a

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

23. Signature Edna M Bangs Jr (M. D. or other)
Address 2912 E 40th St KC Mo Date signed 6-7-43

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence M. Chile

Licensed Embalmer No. 3473

P. O. Address 76 E 2100

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.