

FILED JUN 24 1943
 1943
 Registration District No. **199**

Primary Registration District No. **1002**

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

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:
K. C. Convalescent Home 4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 Months**
 In this community **60 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. **4001 Independence Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **0**

3. (a) PRINT FULL NAME **Annie L. Suddarth**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **11** year **1943** hour **11** minute **30 A.M.**
 21. I hereby certify that I attended the deceased from **10-1-42** to **6-1-43**, 19...
 that I last saw her alive on **6-1-43**, 19...
 and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **John R.** 6. (c) Age of husband or wife if alive **72** years
 7. Birth date of deceased **July 26, 1870**
 (Month) (Day) (Year)

Immediate cause of death
 Due to **arteriosclerosis**
 Due to **97**

8. AGE: Years **72** Months **10** Days **5** If less than one day **hr. min.**

Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy

9. Birthplace **Pa.** (City, town, or county) (State or foreign country)
 10. Usual occupation **Homemaker**
 11. Industry or business **None**
 12. Name **Wm. Freed**
 13. Birthplace **Pa.** (City, town, or county) (State or foreign country)
 14. Maiden name **Louise Gessley**
 15. Birthplace **Pa.** (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **John R. Suddarth**
 (b) Address **4001 Indep. Ave.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 3, 1943**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Hill Cemetery**
 18. (a) Signature of funeral director **C. H. Blackman & Son,**
 (b) Address **Kansas City, Mo.**
 19. (a) **6-3-43** (Date received local registrar)
 (b) **M. M. Brown** (Registrar's signature)

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?
 23. Signature **J. Lawrence** (M. D. or other)
 Address **227 W. 12th St.** Date signed **6-4-43**

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..... *H. D. Blackman*.....
Licensed Embalmer No..... *3639*.....
P. O. Address..... *K. C. Me*.....

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.