

V. S. No. 2  
 DM-2-43  
 5-17-39  
 I X35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30547

State File No. 4049

FILED OCT 13 1943

Registration District No. 1009

Primary Registration District No. 1002

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:  
3034 Wayne Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 22 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. 3034 Wayne Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country --

3. (a) PRINT FULL NAME Mrs. Anna Margaret Cole  
 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 Married  
 6. (b) Name of husband or wife Mr. Hal C. Cole  
 6. (c) Age of husband or wife if alive 76 years  
 7. Birth date of deceased April 14 1872  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month September Day 21st  
 year 1943 hour 1 minute 40 A. M.  
 21. I hereby certify that I attended the deceased from Sept 20  
1943, to Sept 20, 1943,  
 that I last saw h. alive on Sept 20, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic heart disease "Angina Syndrome"  
 Duration 9 mos.  
 Due to 93d  
 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.

8. AGE: Years 71 Months 5 Days 7 If less than one day hr. min.  
 9. Birthplace Warsaw Illinois /  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business --  
 12. Name Spitz  
 13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Dross  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Harold C. Cole  
 (b) Address 3034 Wayne  
 17. (a) Cremation Date thereof Sept 23 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Newcomers Sons  
 18. (a) Signature of funeral director D. H. Newcomers Sons  
 (b) Address 1401 Brush Creek Blvd  
 19. (a) 9-22-43 (b) D. E. Brown  
(Date received local registrar) (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?  
 While at work --- (Specify type of place) (e) Means of injury ---  
 23. Signature John E. Brown (M. D. or other) MD  
 Address 1836 Prof. Bldg Date signed 9/21/43

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

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Dr. G. Wilson  
836 Professional Bldg  
1:30-5

**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. A. Newcomer Jr*

Licensed Embalmer No. *21043*

P. O. Address *R. C. 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.**