

FILED FEB 10 1944

Registration District No. _____

Primary Registration District No. 100

Registrar's No. 498

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:
3238 THOMPSON AVENUE /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 40 YEARS
years, months or days

3. (a) PRINT FULL NAME MRS. MARY ANTHONY GOLDEN

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. MERRITT A. GOLDEN 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased: APRIL unk 1884
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days - If less than one day _____
hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____
 12. Name JOHN N. ANTHONY
 13. Birthplace ZANESVILLE OHIO
(City, town, or county) (State or foreign country)
 14. Maiden name LAURA E. SODDATH
 15. Birthplace Benejach MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Merritt A. Golden
 (b) Address 3238 Thompson Ave.

17. (a) BURIAL (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation GREEN LAWN CEMETERY

18. (a) Signature of funeral director D. K. Newcomer's Sons
 (b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-31-44 (b) T. P. Bacon
(Date received local registrar) (Registrar's signature)

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. 3238 THOMPSON AVENUE
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 28TH
 year 1944 hour 9 minute 35 P. M.
 21. I hereby certify that I attended the deceased from Jan 22/44
 to Jan 28/44, 1944
 that I last saw her alive on Jan 25/44
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma
 Duration 18 Mo

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 48 b

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) (Means of injury)

23. Signature Dr. W. H. ... (M. D. or other) _____
 Address 814 Professional Bldg. Date signed 1/29/44

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

2-43
7-39
K35897

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 Emile W. Colborn

Licensed Embalmer No. 3506

P. O. Address K 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.