

FILED FEB 10 1945
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. **418**

1. PLACE OF DEATH: Jackson
 (a) County Kansas
 (b) City or town City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Greethaven Conv. Home, 3516 Summit
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 9 mo 16 da
 In this community 1 yr 9 mo 16 days (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. 3516 Summit
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna Moss Keyes
 3. (b) If veteran, name war XX
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 22nd
 year 1944 hour 3: minute 27 A. M.
 21. I hereby certify that I attended the deceased from Dec 7 1943
 19... to Jan 20 19...
 that I last saw her alive on Jan 20 19...
 and that death occurred on the date and hour stated above.

4. Sex Fe
 5. Color or race Wh
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Ralph P. Keyes
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased: December 6 1861
 (Month) (Day) (Year)

Immediate cause of death: Central atherosclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years 82 Months 1 Days 16
 If less than one day _____ hr. _____ min.

9. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business _____
 12. Name John Cummings
 13. Birthplace Kentucky
 (City, town, or county) (State or foreign country)
 14. Maiden name Lily Maberry
 15. Birthplace Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant Gordon Cummings
 (b) Address 4336 Brooklyn
 17. (a) Burial (b) Date thereof 1-26-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Union Cemetery
 18. (a) Signature of funeral director J. Wagner
 (b) Address Kansas City, Mo.
 19. (a) Jan 25 1945 (b) J. B. 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 Wm. H. Muntz (M. D. or other) MD
 Address 618 My Way Date signed _____

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

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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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.