No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1623

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 45

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: Research Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 12-12-43 (Specify whether
In this community since 1932 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson, 3

(c) City or town Kansas City, 6
(If outside city or town limits, write "RURAL")

(d) Street No. The George H. Nettleton Home,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) O

If yes, name country x

3. (a) PRINT FULL NAME Miss Anna Elizabeth Mott

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife x

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

7. Birth date of deceased November (Month) 11 (Day) 1855 (Year)

8. AGE: Years 88 | Months 1 | Days 24 | If less than one day ___ hr. ___ min.

9. Birthplace New York (City, town, or county) / (State or foreign country)

10. Usual occupation at home.

11. Industry or business x

FATHER
12. Name James T. Mott,
13. Birthplace New York, / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Phillip
15. Birthplace New York / (City, town, or county) (State or foreign country)

16. (a) Informant The George H. Nettleton Home
(b) Address 5125 Swope Parkway, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 5, 1944 (Date received local registrar) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th year 1944 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from December 28, 1943, to January 4, 1944 that I last saw her alive on January 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration 8 days

Due to Probable growth or adhesions following a hysterectomy in 1902

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy could not obtain consent from distant relatives far away.

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 John G Lapp (M. D. or other) M.D.
Address 1314 Professional Bldg Date signed 1/5/44

(Licensed Embalmer's Statement on Reverse Side)

Dr. John Lapp

Vie 9335

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 .....

Licensed Embalmer No. 1413

P. O. Address .....

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

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