

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13696
1793

State File No. _____
Registrar's No. _____

FILED MAY 5 1944
Registration District No. _____

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:
408 South White
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 1 1/2 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. 408 S. White
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ANNA HANNAH
(b) If veteran, name war No
(c) Social Security No. None

4. Sex Female / race White
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Lloyd
(c) Age of husband or wife if alive 48 years
7. Birth date of deceased November 13 1899
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>5</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Antoni Linkenfelder
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Rickie Weber
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Hannah
(b) Address 408 South White

17. (a) Removal (b) Date thereof 4/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edina, Mo. Quirk and Palmer Co.

18. (a) Signature of funeral director N. E. Brown
(b) Address 2022 Linwood

19. (a) 4-24-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Deputy Coroners 19____;
that I last saw h_____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Ventricular Fibrillation
Due to _____
Due to _____

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

Major findings: Of operations 95a
Of autopsy see above
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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature C. E. Upcher (M. D. or other) M.D.
Address 2300 S. Main Date signed 4/22/44

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(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.