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35497

FILED NOV 20 1944

State File No. 4491

Registration District No. 199

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Kansas City Osteopathy Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-26-44 to 11-6-44  
(Specify whether same)

In this community same  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clinton

(c) City or town Cameron 5  
(If outside city or town limits, write "RURAL")

(d) Street No. North Main 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME LINA CLOSE

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife confidential

6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased Sept 30 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74 1 6 hr. min.

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

10. Usual occupation House wife

MOTHER, FATHER

11. Industry or business

12. Name Peter Anderson

13. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant May Peterson

(b) Address Breatneck, N.Y.

17. (a) removed (b) Date thereof Nov 7 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Mo.

18. (a) Signature of funeral director P. A. Moore

(b) Address Cameron Mo.

19. (a) 11-7-44 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1944 hour 8 minute 40 P. M.

21. I hereby certify that I attended the deceased from Oct 26 1944 to Nov 6 1944  
that I last saw her alive on Nov 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Liver Tumor

Due to Chronic cholecystitis  
Gall stones

Due to 126

Other conditions (Include pregnancy within 3 months of death)

Duration 3 days

Major findings: Cholecystitis - Acute  
Of operations Gall Bladder to Stomach

Of autopsy none

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 George J. Culey (M.D. or other) 11/6/44  
Address 116 W 47 St KC Mo Date signed

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

APR 8 1945

**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 *O. A. Moore*

Licensed Embalmer No. 1180

P. O. Address Cameron 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.**