

FILED JAN 9 1945
Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Waynes**
(b) City or town **St. Joseph**
(c) Name of hospital or institution **St. Joseph Hospital # 2**
(d) Length of stay: In hospital or institution **7 yrs 10 mo 11 days**
In this community **Yes** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **5118 E. 15th St**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Anna Hubchings**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **na**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Murray Hutchings** 6. (c) Age of husband or wife if alive **na** years
7. Birth date of deceased **May 11 1886** (Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **3** If less than one day hr. min.

9. Birthplace **Jefferson Iowa** (City, town, or county) (State or foreign country)

10. Usual occupation **house wife**

11. Industry or business **at home**

MOTHER FATHER
12. Name **Frances E. Robbins**
13. Birthplace **Mo** (City, town, or county) (State or foreign country)
14. Maiden name **anna R. Butler**
15. Birthplace **Maryland** (City, town, or county) (State or foreign country)

16. (a) Informant **Mary Hutchings**
(b) Address **5118 E. 15th St. J.C. Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-19-1944** (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Mrs. C. Farster**
(b) Address **918 Brooklyn**

19. (a) **12-19-44** (Date received local registrar) (b) **Helen K. Beckler** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **14** year **1944** hour **11:20** minute **PM** M.

21. I hereby certify that I attended the deceased from **Jan 1st 1944** to **12/14 1944** that I last saw her alive on **12/14 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia of right lung, with lower lobe**
Due to **not known**

Due to **not known**

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations _____
Of autopsy **Hypostatic pneumonia of right lung**
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 _____
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 **[Signature]** (M. D. or other) _____
Address **St. Joseph Hospital # 2** Date signed _____

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

607 9 1958

Wm K Jackson

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: Wm K Jackson
Licensed Embalmer No. 3954
P. O. Address KC 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.