

S. No. 2
DM-5-43
v. 5-17-39
I X36671

Registration District No. 24 18457

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: 1 mo. 18 days
In hospital or institution. (Specify whether)

In this community no
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. 1827 Norton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Hull

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Carl W. Hull

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 12 7 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1945 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from January 13, 1945 to March 3, 1945
that I last saw her alive on March 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum Duration _____

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

67 | 3 | 26 | _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mrs. Segebach

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

14. Maiden name Frederica Struck
(City, town, or county) (State or foreign country)

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

16. (a) Informant Gen. Keep

(b) Address K.C. Mo.

17. (a) Burial (b) Date thereof 3-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Wash. D.C.

18. (a) Signature of funeral director Mr. C. H. Farley

(b) Address K.C. Mo.

19. (a) 3-6-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

Due to _____

Due to 46 d

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

Major findings:
Of operations _____

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? _____

23. Signature Clark W. Seely M.D. (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 3-5-45

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 _____

E. K. Nial

Licensed Embalmer No. _____

2570

P. O. Address _____

100 4th

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.