

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 929

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: In hospital or institution 8 ds. (Specify whether)

In this community 30 yrs
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. 2019 Monroe
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Ney

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 Widow

6. (b) Name of husband or wife John Ney 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased Aug-24-1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>5</u>	<u>29</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation at home

11. Industry or business

12. Name A. Arentson

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

14. Maiden name Bertha Sigfus

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

16. (a) Informant Miss Belle Arentson

(b) Address 2019 Monroe

17. (a) Burial (b) Date thereof Feb-27-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairfax Hill

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

(b) Address 918 Franklin

19. (a) 2-26-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1945 hour 11 minute 57 P. M.

21. I hereby certify that I attended the deceased from 2-15-45, 19... to 2-23-45, 19...
that I last saw her er alive on 2-23-45, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular accident on hypertensive basis with cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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 Clark W. Seely M.D. (M. D. or other)

Address Med. Supt. K.C. Gen. Hospital Date dictated 2-24-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

28
33

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..... *C. R. Nease*

Licensed Embalmer No. *2570*

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.