

FILED APR 17 1945

Registration District No. 149

Primary Registration District No. 1002

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: Sittle Sisters  
5331 Highland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 17 years  
(Specify whether years, months or days)  
In this community 45 years

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. 5331 Highland  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ANNA OLIGSHLAGER

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (c) Age of husband or wife if alive 1861 years

7. Birth date of deceased March 10  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 12  
If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name Conrad Rehagen

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

14. Maiden name Therese Walter

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

16. (a) Informant Mrs. Theresa Young

(b) Address 4512 Tracy

17. (a) Burial (b) Date thereof Mar 26 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marias Cemetery

18. (a) Signature of funeral director Edward J. Holmes

(b) Address 20 West Linwood

19. (a) 3-27-45 (b) J. Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day March  
year 1945 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from 3-15  
1945, to 3-22, 1945  
that I last saw her alive on 3-20  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bacterial pneumonia  
Due to care at this hour left  
Due to arteriosclerotic heart disease

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: none  
Of autopsy none

Duration  
4 days  
7 days  
year

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?

(Specify type of place) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature John T. Holmes (M. D. or other)  
Address 1102 Quad Ave Date signed 3-24-45

R. C. No

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

MOTHER FATHER

18  
3  
8

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**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 Charles M. Zwick

Licensed Embalmer No. 3774

P. O. Address Kansas City 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.**