

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32755

FILED NOV 14 1945

1. PLACE OF DEATH
City Jackson Registration District No. 149
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Major Clinic) St. Ward

2. FULL NAME Edna B. Laundry
(a) Residence, No. Shreveport, La. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles B. Sunday - 75

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo.

13. NAME Archibald S. VanAnglen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo.

15. MAIDEN NAME Mary Ella Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y. State

17. INFORMANT Mr. A.N. VanAnglen
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall, Mo. DATE 11/1/45

19. UNDERTAKER (ADDRESS) Melody-McGilley-Eylar
1800 Linwood Blvd. K.C. Mo.

20. FILED 10-31 1945 Heraldine Holmes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29th 1945

22. I HEREBY CERTIFY, That I attended deceased from July 2nd 1945, to Oct 29th 1945
I last saw her alive on Oct 29th 1945. Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis with Coronary Occlusion Date of onset 24 hrs

Other contributory causes of importance: Senile Psychosis with cerebral arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Harmon S. Major M.D. M. D.
3100 Euclid Ave

Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RE- BINDER

50M-10-22-35

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FEB 23 1956

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AUG 21 1947

Licensed Embalmer Edw E Heck
Missouri Licesence No. 4063
Address Kansas City, Mo