

**FILED** JAN 21 1946  
 Registration District No. **149**

Primary Registration District No. **1002**

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

1002221

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Kansas City, Mo**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Kansas City General Hospital #10**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **11-29-45-12-22-45**  
 (Specify whether  
 In this community **30-45**  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **603 W 10th** **9**  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Jessie Anglin**  
**3. (b) If veteran,** name war **no**  
**3. (c) Social Security,** No. **none**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **12** day **22**  
 year **1945** hour **4** minute **55** P.M.  
**21. I hereby certify that I attended the deceased from** **11-29-45**  
 \_\_\_\_\_, 19\_\_\_\_, to **12-22-45**, 19\_\_\_\_;  
 that I last saw **her** alive on **12-22-45**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**4. Sex** **Fe** **5. Color or race** **W**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Albert Lee**  
**6. (c) Age of husband or wife if alive** **56** years  
**7. Birth date of deceased** **Dec 19 1887**  
 (Month) (Day) (Year)

Immediate cause of death **Chronic Hypertension & nephritis**  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**8. AGE:** Years **57** Months **0** Days **3**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** **Housewife**

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

**12. Name** **Stanley Agle**

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

**14. Maiden name** **Alice Colson**

**15. Birthplace** **New York**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **Hosp Records**  
**(b) Address** **H-C no**

**17. (a) Removal** **12-23-45**  
 (Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Bosworth Mo**

**18. (a) Signature of funeral director** **Stiles McElwain**

**(b) Address** **3235 Gillham Plaza**

**19. (a) 12-23-45** (Date received local registrar)  
**(b) Thelma Holmes** (Registrar's signature)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_ **131 b**  
 Of autopsy **None**  
 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 Seelye** (M.P. or other) \_\_\_\_\_  
**Address** **Med. Dir. Gen'l Hosp** Date signed **12-23-45**

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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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.**