

FILED JAN 21 1946
149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 5312

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:
Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days
(Specify whether
In this community 11 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Douglass
(c) City or town Lawrence
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ANNA AGNES DOWNEY

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 Widowed
6. (b) Name of husband or wife Henry P. Downey 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 11th. 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 12 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Jim Mangan
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 7
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil M. Downey

(b) Address 8112 Montgall

17. (a) Removal (b) Date thereof 12/ 24/ 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 12-24-45 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23rd
year 1945 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec. 11th
1945 to Dec. 23rd 1945
that I last saw her alive on Dec 23rd 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Due to Subacute Bacterial Endocarditis
Due to

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

Major findings:
Of operations 9/10
Of autopsy

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?

(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 Dr. Richard P. Shure Date signed 12/23/45
Address 7526 Wornall Rd

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

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..... *Elmer C. Wedelin*

Licensed Embalmer No. *3495-*

P. O. Address..... *H. 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.