

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1582

State File No.

Registrar's No. 433

FILED FEB 27 1946
Registration District No. 49

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 1/2 hrs.
In this community 20 YEARS (Specify whether 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. 2522 Cypress 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA Ethel McLOED
3. (b) If veteran, name was No
3. (c) Social Security No. 500-20-5788

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 24
year 1946 hour 6 minute 25 PM.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MR. WILLIAM McLOED
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased JUNE 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 24, 1946 to Jan. 24, 1946; that I last saw her alive on Jan. 24, 1946; and that death occurred on the date and hour stated above.

8. AGE: Years 54 Months 7 Days 19
If less than one day hr. min.

Immediate cause of death
Acute diffuse suppurative peritonitis, cause undetermined

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

Due to
Due to
Other conditions: 129
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER, FATHER {
12. Name JACOB SEVERIN
13. Birthplace HELSINGLUND SWEDEN
(City, town, or county) (State or foreign country)
14. Maiden name CHRISTINE TROSS
15. Birthplace HELSINGLUND SWEDEN
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy See above

16. (a) Informant Minnie Severin
(b) Address 1017 24th St. Topeka, Kans

PHYSICIAN
Underline the cause to which death should be charged statistically.

17. (a) REMOVAL (b) Date thereof JAN. 27 1947
(Burial, cremation, or removal) (Specify type of place)
(c) Place: burial or cremation SALEM CEMETERY FRANKFORT KANSAS

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?

18. (a) Signature of funeral director D. N. Newnam's Sons
(b) Address 1401 BRUSH CREEK BLDG.
19. (a) 1-26-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)
(c) Means of injury
23. Signature Clark W Seal
Med. Dir. Gen'l Hosp. Date signed 1-24-46

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

Dr. Dittman

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, ~~_____~~.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Melvin Miller*.....
Licensed Embalmer No. 4407.....
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.