

No. 2  
M-5-43  
5-17-39  
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THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1594**  
Registrar's No. **5465**

**FILED** JAN 21 1946  
Registration District No. **1002**

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 **1 day**  
In this community **50 yrs**  
years, months or days (Specify whether)

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. **3914 Harrison**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Anna K. Mathias**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **29**  
year **1945** hour **6** minute **5 A.** M.  
21. I hereby certify that I attended the deceased from **Dec. 28**, 19**45**, to **Dec. 29**, 19**45**  
that I last saw h. **er** alive on **Dec. 29**, 19**45**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 26 1867**  
(Month) (Day) (Year)

Immediate cause of death **Acute pulmonary edema**  
Due to **arteriosclerotic heart disease**  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy **None**

8. AGE: Years **78** Months **6** Days **3**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_  
12. Name **Henny Mathias**  
13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret Kregel**  
15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.  
**93 D.**

16. (a) Informant **Fred Mathias**  
(b) Address **3914 Harrison**  
17. (a) **Burial** (b) Date thereof **Dec 31-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Memorial Park**

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 **Marc R. Foster**  
(b) Address **918 Broadway**  
19. (a) **12-31-45** (b) **B. Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury **0**  
23. Signature **Clark A. Seely**  
Address **Med. Dir. Gen'l Hosp.** Date signed **12-29-45**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
100351

*Dr. Morris*

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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.....

*Joe B. Yoder*

Licensed Embalmer No.....

*4173*

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.**