

S. No. 2  
DM-5-43  
v. 5-17-39  
I X3671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
**FILED APR 29 1946 STANDARD CERTIFICATE OF DEATH**

State File No. **13213**  
Registrar's No. **1765**

Registration District No. **149** Primary Registration District No. **1002**

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

**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: St. Joseph's Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 40 yrs. (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** AGNES McANESPIE  
Olivia Alice King  
**3. (b) If veteran, name war** none **3. (c) Social Security No.** None

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Charles **6. (c) Age of husband or wife if alive** unk. years  
**7. Birth date of deceased** July 5 1882  
(Month) (Day) (Year)

**8. AGE:** Years 63 Months 9 Days 7 If less than one day hr. min.

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

**10. Usual occupation** Housewife

**11. Industry or business**

**MOTHER FATHER**  
**12. Name** James McAnespie  
**13. Birthplace** Ireland (City, town, or county) (State or foreign country)  
**14. Maiden name** Mary Wise  
**15. Birthplace** New York City New York (City, town, or county) (State or foreign country)

**16. (a) Informant** Charles N. King

**(b) Address** 2617 Quincy

**17. (a) Burial** (Burial, cremation, or removal) Memorial Park Cemetery **(b) Date thereof** 4-16-46  
(Month) (Day) (Year)

**18. (a) Signature of funeral director** W. J. Newcomer Sons  
**(b) Address** 1401 Brush Creek Blvd.

**19. (a) 4-15-46** (Date received local registrar) **(b) Geraldine Holmes** (Registrar's signature)

**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. 2617 Quincy AVENUE **8**  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 12<sup>TH</sup>  
year 1946 hour 9 minute 13 P. M.  
**21. I hereby certify that I attended the deceased from** June 1 1945  
1945, 19 April 12, 19 46  
that I last saw her alive on April 12, 19 46  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Cancerous of stomach **Duration** 1 yr.

**Due to** unknown

**Due to** unknown

**Other conditions** primary site in  
(Include pregnancy within 3 months of death)

**Major findings:** Ulcer of stomach **PHYSICIAN**  
Of operations Ulcer  
Of autopsy none **4665**  
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?

While at work? (Specify type of place) (c) Means of injury

**23. Signature** M. B. Stroh (M.D. or other)  
**Address** 4000 Baltimore

4000 Ballman

**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. Oscar Wotkey

Licensed Embalmer No. 1767

P. O. Address. Kansas City

**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.**