

No. 2
12-45
17-39
X47070

Registration District No. 149

Primary Registration District No. 6002

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: OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS
(Specify whether years, months or days)

In this community 48 YEARS

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. 1340 E 8 1/2 ST.
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. ANNA MADDELL

3. (b) If veteran, name war NO

3. (c) Social Security No. 1901VE

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. WILLIAM E MADDELL

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB. 4 - 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75	9	16	hr. min.
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9. Birthplace WAUHEIM GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

MOTHER FATHER

12. Name GEORGE MUELLER

13. Birthplace GERMANY

14. Maiden name MATHERINE CHRISTMAN

15. Birthplace GERMANY

16. (a) Informant GEORGE W MADDELL

(b) Address 1340 E 8 1/2 ST KCMO

17. (a) CREMATION (b) Date thereof Nov. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SOHS.

18. (a) Signature of funeral director D.W. Newcomer's Sigs

(b) Address 1401 Brush Creek Blvd

19. (a) 11-23-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 20th
year 1946 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 14, 1946
_____ 19____ to NOV 20, 1946
that I last saw her alive on NOV 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage & Unilateral Paralysis

Due to Hypertension

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: 13/0

Of operations _____

Of autopsy Not made

Dr. Robert R. K...

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)

(e) Means of injury 2

23. Signature W A Beckwith (M.D. or other) D.O.

Address 4314 E. 9 Date signed 11-21-46

private sign of next of kin & PH

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.....

Body not Embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed.....

Licensed Embalmer No. _____

P. O. Address.....

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.