S. No. 2
I—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

27569

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3554

WRITE PLAINLY—USING 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: 2400 E. 67 TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 YEARS
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. 2400 E. 67 ST. TERRACE 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SARA M. ANSELM
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 MARRIED
6. (b) Name of husband or wife ROY W. ANSELM
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October (Month) 11 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
61	~~62~~	10	6	hr. min.

9. Birthplace BROOKVILLE (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation Hswf.
11. Industry or business
FATHER
12. Name JAMES G. JENNINGS
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Clynema Canier
15. Birthplace Kansas (City, town, or county) (State or foreign country)
16. (a) Informant ROY W. ANSELM
(b) Address 2400 EAST 67 ST. TERRACE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8-19-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 17
year 1947 hour 8:10 minute P M.
21. I hereby certify that I attended the deceased from Mar 1, 1946 to 8-17-, 1947
that I last saw her alive on 8-17-, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Primary Malignancy of liver - type unclassified	1 yr.
~~Due to~~	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address 1103 Grand Ave Kans City Mo Date signed 8-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Prof Bldg 1200

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 D. A. Nofsinger

Licensed Embalmer No. 3958

P. O. Address Kansas City M

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.