S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

31392

FILED OCT 11 1947

Registration District No. 449

Primary Registration District No. 1002

State File No. 4173

Registrar's No.

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: 708½ Cypress / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 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. 708½ Cypress 8 (If rural, give location)
(e) Citizen of foreign country? no - (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANNA ELIZA PICKEL
3. (b) If veteran, name war no -
3. (c) Social Security No. none

4. Sex fe /
5. Color or race white
6. (a) Single, widowed, married, divorced Div. 3
6. (b) Name of husband or wife Richard Hayden
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4 (Month) 1876 (Day) (Year)

8. AGE: Years 71 Months 2 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Tenn. / (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name James Pickel
13. Birthplace (City, town, or county) Tenn / (State or foreign country)
MOTHER
14. Maiden name Laura Wright
15. Birthplace (City, town, or county) Tenn / (State or foreign country)
16. (a) Informant Josie Scurlock
(b) Address 6935 So Benton
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-3-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Bolivar Mo
18. (a) Signature of funeral director CH. Blackman & Son, Inc
(b) Address 2825 Independence Blvd.
19. (a) 10-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2
year 1947 hour 4 minute 30 A M.

21. I hereby certify that I attended the deceased ~~from~~ on Sept. 1, 1947, to , 19 ;
that I last saw her alive on Sept. 1, 47, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute pulmonary edema	1 hr
Due to Carcinoma left breast	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50
Of autopsy

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) 0
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)
Address 5138 Belinder Rd K.R. 3 Ko Date signed 10/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Farley

Dr. Ree
402 Wal
Bo 6 87

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 H D Blackman

Licensed Embalmer No. 3639

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.