. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV. 29 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38348

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4810

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. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether years, months or days)
In this community 1 YR.

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. 1211 WOODLAND 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME FANNIE OLDS

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex FEMALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife Dead Unknown Olds

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

7. Birth date of deceased DECEMBER (Month) 25, (Day) 1880 (Year)

8. AGE: Years 66 Months 10 Days ~~10~~ 13 If less than one day ..... hr. ..... min.

9. Birthplace ORREILLE, ALABAMA (City, town, or county) 1 (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER

12. Name PRESS FLANNIGAN

13. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

14. Maiden name ANN YOUNG

15. Birthplace (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant WILLIAM L. OLDS (SON)

(b) Address 1211 WOODLAND

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/47 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1212 Vine K.C. Mo

19. (a) 11-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 8, year 1947 hour 5: minute 20 A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 5, 1947 to NOVEMBER 8, 1947 that I last saw her alive on NOVEMBER 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death FAR ADVANCED PULMONARY TUBERCULOSIS	
Due to	
Due to	
Other conditions DIABETES MELLITUS (UNCONTROLLED) (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1 2 6
Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work (e) Means of injury 0

23. Signature [illegible] (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 11/8/47

(Licensed Embalmer's Statement on Reverse Side)

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. Sterling Bell

Licensed Embalmer No. 3178

P. O. Address 1212 Paine K.C.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Jackson }

State File No.
Local Registrar's No. 4840-47

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 18 day of December, 1947, before me appears William Alds, who, upon his oath, states that the original record of ~~birth~~ death for Hannie Alds, ~~born~~ died Nov. 8, 1947, in the State of Missouri, and which was filed at K. C. Mo on 11-19, 1947, should be corrected as follows:

Item No. 6 should read Dave Alds

Instead of unknown

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wilbur L Olds Son
Relationship.

1211 Woodland K C Mo.
Present Address.

Subscribed and sworn to before me this 18 day of December, 1947.

My Commission expires Oct. 21, 1951 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M—8-43
I X37817

38348