S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 2 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41880

Registrar's No. 5356

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: 3241 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 years
years, months or days)

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. 3241 Paseo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

48
3
6
8

3. (a) PRINT FULL NAME AMMIE U. PROSSER

3. (b) If veteran, name war NO

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ferd Prosser

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased August (Month) 19 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	4	0	hr. min.

9. Birthplace Peculiar, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name John W. Urton
13. Birthplace West Virginia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mattie B. Wills
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Prosser
(b) Address 4701 West 61st Mission, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director Wilks Funeral Home
(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 12-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1947 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Pathologist 19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis of anterior descending branch

~~Due to~~ Carcinoma of Cervix.

~~Due to~~

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 48a

Of autopsy Same

Duration

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

23. Signature E. C. H. Schmidt (M. D. ~~or other~~)

Address St. Luke's Hospital Date signed 20 Dec. 1947

Jefferson City Printing Co.

(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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address KC 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.