

FILED FEB 20 1948

Registration District No. 1799

Primary Registration District No. 1002

Registrar's No. 592

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 Home Rest Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days)

In this community 35 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town 3215 Campbell 3  
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City MO 8  
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ANNA LAM. MRS DONALD

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6  
year 1948 hour 5:33 minute 2 M.

21. I hereby certify that I attended the deceased from Feb 5 1948 to Feb 5 1948  
that I last saw her alive on Feb 5 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Debility

Duration .....

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 20 years (Month) (Day) (Year)

7. Birth date of deceased April 20 1870  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>9</u>	<u>22</u>	<u>16</u> hr. <u>0</u> min.

Due to Age

Due to Abdominal Proctofluor (m.m.a.)

Other conditions... (include pregnancy within 3 months of death) .....

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

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name M B Coleman

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

14. Maiden name Marjorie Howell

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

16. (a) Informant Mrs O S Mc Miller  
(b) Address 2644 E-8 St

17. (a) Burial (b) Date thereof 2-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sub C

18. (a) Signature of funeral director Wm A Johnson  
(b) Address City mortician

19. (a) 2-10-48 (b) Staldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 1/12 2 5

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? .....

While at work? .....

(Specify type of place)

(e) Means of injury 2

23. Signature Walter DeLoach M. D. or other) 2  
Address 1103 E Arrow Date signed 2-10-48

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

Answer Trust  
26 4 8 4 5  
7447

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 Wm A. Lohmeyer

Licensed Embalmer No. 2089

P. O. Address 15 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.