S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1948

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8771

Registrar's No. 1164

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community Life Since 1910

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2725 Gillham Rd 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 5

If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna King

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased May (Month) 2 (Day) 1870 (Year)

8. AGE: Years 71 Months 10 Days 10 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business 9

MOTHER FATHER

12. Name 9

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

MOTHER

14. Maiden name

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

16. (a) Informant Ethel Carlson

(b) Address 509 E. 27 St. Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director Stine-McClure

(b) Address Kansas City Mo

19. (a) 3-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1948 hour 7:[illegible] minute 10 a.m.

21. I hereby certify that I attended the deceased from March 6, 1948, to March 12, 1948, that I last saw her alive on March 11, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Post operative failure of liver function	36 hrs
Due to: Chronic hepatitis	Months
Due to: Biliary cirrhosis	Months
Other conditions: Senility - age 71 (Include pregnancy within 3 months of death)	

Major findings: Of operations: Chronic cholecystitis Stone

Of autopsy: 12-6

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 O

23. Signature Walter Cummins (M. D. or other) MR

Address 1612 Troy Bldg. Date signed 3/12/48

(Licensed Embalmer's Statement on Reverse Side)

Dr E. J. Hunt
Prof 1/30/19

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 Max E. Meyer, Registered Apprentice No. 49, working under my personal supervision.

Signed J. Clair Sheppard

Licensed Embalmer No. 4179

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.