

FILED MAY 7 1948  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1891

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. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 40 years  
In this community \_\_\_\_\_  
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. 2339 Fairmount  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME

Anna Osipick

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife George Osipick 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 26 1891  
(Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Russia (City, town, or county) (State or foreign country) 6

10. Usual occupation Home

11. Industry or business X

12. Name Peter Retman

13. Birthplace Russia (City, town, or county) (State or foreign country) 6

14. Maiden name Unknown Kelly

15. Birthplace Russia (City, town, or county) (State or foreign country) 6

16. (a) Informant Mrs. Stella Martinson

(b) Address 1310 S. 36th K. C. Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

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

19. (a) 5-1-48 (Date received local registrar) (b) Deraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1948 hour 11 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 26 48 to April 29 48  
that I last saw her alive on April 29 48  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis primary in ovary

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 49a

Major findings: Of operations \_\_\_\_\_

Of autopsy None

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 \_\_\_\_\_

23. Signature Wm W. Hart (M. D. or other) 4-30-48  
Address Med. Dir. Gen'l Hosp. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

18  
3  
8

*Dr. L. L. L. L.*

**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 Wicks*

Licensed Embalmer No *2644*

P. O. Address *Kansas City 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.**