

S. No. 300
M-10-47
5-17-39
I 3906

FEDERAL BUREAU OF STATISTICS
National Office of Vital Statistics
FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19605
Registrar's No. 2516

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Lakeside Hospital
(d) Length of stay: In hospital or institution 18 days
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1304 Indiana
(e) Citizen of foreign country? No

3: (a) PRINT MRS. ANNA K. NESSETH
FULL NAME
(b) If veteran, name war XX
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 13
year 1948 hour 3:00 minute P M.

4. Sex Fe | 5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence Nesseth
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 16 1888

21. I hereby certify that I attended the deceased from June 19 24 1948 to June 13 1948
that I last saw her alive on June 13 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 0 27 hr. min.

Immediate cause of death: Coronary Thrombosis 10 min

9. Birthplace Kansas City Mo.

Due to 127 1/2

10. Usual occupation Housewife

Other conditions: Removal of Gall Bladder

11. Industry or business

12. Name Peter J. Kleuver
13. Birthplace Germany

Major findings: Removal of Gall Bladder, Enlarged Fibrous, Of autopsy None
PHYSICIAN Underline the cause to which death should be charged statistically.

14. Maiden name Mary Mutschler
15. Birthplace Germany

16. (a) Informant Clarence Nesseth
(b) Address 1304 Indiana

17. (a) Burial (b) Date thereof June 15 48
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J.W. Wagner
(b) Address Kansas City, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

19. (a) 6-15-48 (b) Geraldine Holmes

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place)
Signature [Signature] (c) Means of injury
Date signed 6/14/48

NOV 13 1950

ME 5442
1102 E 47th

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 Alvin R. Hamscheld

Licensed Embalmer No. 4159

P. O. Address. Kansas City

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.