No. 2
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X23153

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1948

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26545

Primary Registration District No. 1002

Registrar's No. 3215

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: Lakeside
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: Rich Hill
(If outside city or town limits, write "RURAL")
(d) Street No.: [redacted]
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME: ANNIE S. PRINS

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: Married

6. (b) Name of husband or wife: Henry J. Prins

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Dec. (Month) 31 (Day) 1872 (Year)

8. AGE: Years 75 Months 7 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Hoogeven, Holland (City, town, or county) (State or foreign country)

10. Usual occupation: housewife

11. Industry or business:

MOTHER FATHER
12. Name: Tinus Scheivit
13. Birthplace: Holland (City, town, or county) (State or foreign country)
14. Maiden name: Elsie Prins
15. Birthplace: Holland (City, town, or county) (State or foreign country)

16. (a) Informant: Henry J. Prins
(b) Address: Rich Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/9/'48 (Month) (Day) (Year)
(c) Place: burial or cremation: Belton, Missouri

18. (a) Signature of funeral director: E. K. George & Sons
(b) Address: Belton, Mo.

19. (a) 8-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7 year 1948 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 31, 1948, to August 7, 1948, that I last saw her alive on August 6, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia	
Due to: Obstruction of Bile Ducts	
Due to: Carcinoma of Pancreas & liver	
Other conditions (Include pregnancy within 3 months of death): 469	
Major findings: Of operations: as above	
Of autopsy:	

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

23. Signature: R. M. Wolter (M. D. or other) P.O.
Address: Belton, Mo. Date signed 8/17/48

(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 Richard E. George

Licensed Embalmer No. 3958

P. O. Address Belton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.