

No. 300  
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-17-39  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED DEC 14 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36721  
Registrar's No. 4895

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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
630 Elmwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 630 Elmwood  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME ANNA BELLE McDONALD

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex fe 5. Color or race white  
6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Daniel D. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 15 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 12 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Home maker

11. Industry or business at home

12. Name Samuel King

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

14. Maiden name Unknown

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

16. (a) Informant Grace Pepper

(b) Address 132 S Lawn

17. (a) Burial (b) Date thereof 11-30-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cemetery

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.  
(b) Address 2825 Independence Blvd.

19. (a) 11-30-48 (b) Strolling Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 15 to 27 Nov 1948  
that I last saw her alive on 24 Nov 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA GENERALIZED Duration 6 mo  
Due to CARCINOMA head of PANCREAS 2 yr  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 469  
Of operations \_\_\_\_\_  
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? S. David Henry

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature S. David Henry (M. D. or other) \_\_\_\_\_  
Address 8255 Hubert Blvd Date of issue 27 Nov 48

*D. S. D. Henry  
Shelton 12/27/27*

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**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.....

*D. S. D. Henry*  
....., Registered Apprentice No. *274*  
working under my personal supervision.

Signed *Q. H. McFarland*

Licensed Embalmer No. *4397*

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.**