No. 300
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P 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36921

Registrar's No. 4883

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:
Osteopathic Hospital 11th & Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 5 weeks (Specify whether years, months or days)

In this community: 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson 48

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

(d) Street No.: 6025 E 14th
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: TREADWELL, Mrs. Ammie E.

3. (b) If veteran, name war: no

3. (c) Social Security No.: 487-01-7482

4. Sex: Fem

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Wid.

6. (b) Name of husband or wife: Albert Treadwell

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

7. Birth date of deceased: 6/26/1887 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 0 If less than one day: hr. min.

9. Birthplace: Winfield, Kansas (City, town, or county) (State or foreign country)

10. Usual occupation: Clerk

11. Industry or business: Emery Bird Thayer Co

MOTHER FATHER

12. Name: James B. Nipp

13. Birthplace: Grayson, Ky. (City, town, or county) (State or foreign country)

14. Maiden name: Mary Elizabeth ---

15. Birthplace: West Va. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Zylpha Taylor

(b) Address: 6025 E 14th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/29/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cem.

18. (a) Signature of funeral director: John P. Sheil

(b) Address: Kansas City, Mo.

19. (a) 11-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 26th year: 1948 hour: 7 minute: 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1948 to Nov. 26, 1948 that I last saw her alive on Nov. 26, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Decompensated myocarditis	2 wks.
Due to: Toxemia	4 wks.
Due to: Bowel obstruction multiple adhesions	4 wks.

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations: T.S.D.
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: 2

(f) Signature: J. J. Pocsik J. J. Pocsik M.D. (M. D. or other)

Address: 6518 Independence Ave. Date signed: 11/28/48

(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 John P. Phil

Licensed Embalmer No. 3625

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.