

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26815

State File No.

3524

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | c. LENGTH OF STAY (In this place) Life | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | d. STREET ADDRESS (If rural, give location) 3841 Forest |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) K. Jewell c. (Last) Craig | | | 4. DATE OF DEATH (Month) (Day) (Year) August 14 1950 | | |
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|----------------------|-------------------------------|--|--------------------------------------|--|------------------------|-----------------------|-----------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH April 9 1892 | 9. AGE (In years last birthday) 58 56 | IF UNDER 1 YEAR Months | IF UNDER 2 HRS. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apartment Manager | 10b. KIND OF BUSINESS OR INDUSTRY Owner | 11. BIRTHPLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME William H. Kanatzar | 13b. MOTHER'S MAIDEN NAME Elizabeth Comley | 14. NAME OF HUSBAND OR WIFE None |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mrs H.E. Lansden ADDRESS 1304 Hasbrook Kansas City, Kansas |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure Pneumonia Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 4 1/2 yrs |
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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Jan 15, 1949 to Aug 14, 1950, that I last saw the deceased alive on Aug 14, 1950 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE Richard L. Lehn, M.D. | 23b. ADDRESS 406 Bryant Bldg. K.C. Mo. | 23c. DATE SIGNED 8/16/50 |
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| 24a. BURIAL CREMATION REMOVAL (Specify) Burial | 24b. DATE Aug. 17, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas |
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| DATE REC'D BY LOCAL REG. 8-17-50 | REGISTRAR'S SIGNATURE Sheraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. A. Fulton Kansas City, Kansas |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 3503

P. O. Address

Notes. 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.