

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8934**  
**907**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>50 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>415 - W - 57<sup>TH</sup> TERRACE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>415 W. 57th. Peoria</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNE</b>	b. (Middle) <b>C</b>	c. (Last) <b>ZAHNER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB 25 1951</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JUNE - 7 - 1880</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>PEORIA, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FREDERICK SLICHTER</b>	13b. MOTHER'S MAIDEN NAME <b>AMY G. HOAGLAND</b>	14. NAME OF HUSBAND OR WIFE <b>FRANK L. ZAHNER</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>FRANK ZAHNER</b>	ADDRESS <b>415 - W - 57<sup>TH</sup> TERRACE, K.C. MO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial decomposition</b>		<b>3 weeks</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Myocarditis</b> DUE TO (c) <b>Hypertensive heart disease</b>		<b>3 Mo</b> <b>3 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>443x</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>no</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 ~~Sept~~ **1946** to **Feb 25, 1951**, that I last saw the deceased alive on **Feb 25, 1951**, and that death occurred at **11:27 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Dr. John Skinner M.D.</b>	23b. ADDRESS <b>Kansas City, MO</b>	23c. DATE SIGNED <b>2-26-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>FEB-28-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-27-51</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer's Sons</b>	ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *Kelso, 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.