

MAR 22 1952

STANDARD CERTIFICATE OF DEATH

State File No. **8340**
1129

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4126 Holly		d. STREET ADDRESS (If rural, give location) 4126 Holly St	

3. NAME OF DECEASED (Type or Print) Anna Ehrenreich			4. DATE OF DEATH (Month) (Day) (Year) 3 9 1952		
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 30, 1862	9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Baden, Germany	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Carl Riehle	13b. MOTHER'S MAIDEN NAME Barbara Falk	14. NAME OF HUSBAND OR WIFE John Ehrenreich
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Carl Riehle, 4126 Holly, K.C. Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr 2 yrs 59 1/2 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardiosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic nephritis DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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?

22. I hereby certify that I attended the deceased from **Jan 1, 1949**, to **Mar 9, 1952**, that I last saw the deceased alive on **Mar 8, 1952**, and that death occurred at **5:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE John O. Skinner MD (Degree or title)	23b. ADDRESS 1402 Bryant Bldg	23c. DATE SIGNED 3-10-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-11-52	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 3-10-52	REGISTRAR'S SIGNATURE Staldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Wagner Funeral Home	ADDRESS Kansas City Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

008

9-21 1:30
11 P.M. 1920
J. H. ...

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 Abner R. Haunschuld

Licensed Embalmer No. 4159

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.