

FILED FEB 18 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4896  
379

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 town or township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 12 yrs		c. CITY OR TOWN KANSAS CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN 2148				STREET ADDRESS (If rural, give location) 1130 Holmes			
3. NAME OF DECEASED (Type or Print) a. (First) MATTIE		b. (Middle) E		c. (Last) KANAWY		4. DATE OF DEATH (Month) (Day) (Year) JAN 26 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH SEPT 29 1892	
9. AGE (In years last birthday) 56 1/2		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Fulton Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Wright		13b. MOTHER'S MAIDEN NAME Mary Musgrave		14. NAME OF HUSBAND OR WIFE Dennis Kanaway			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-36-5445		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Horace Wright M.C. Mo.			
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) Bronchopneumonia Cardiac Hypertrophy + Dilatation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH  4343	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____ and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Jack H. Hill		(Degree or title) M.D.		23b. ADDRESS 3001 Wyandotte St. C.P. Mo.		23c. DATE SIGNED 27 Jan 55	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE JAN 29 1955		24c. NAME OF CEMETERY OR CREMATORY Elm wood Cem.		24d. LOCATION (City, town, or county) (State) Mexico MO.	
DATE REC'D BY LOCAL REG. 1-27-55		REGISTRAR'S SIGNATURE neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pfecht Funeral Home Mexico MO.			

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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Thomas A. Shief*.....

Licensed Embalmer No. *445*

P. O. Address *J. C. Moore*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.