

STANDARD CERTIFICATE OF DEATH

State File No. 22044

FILED JUL 18 1955

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2762

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 18 mos.	c. CITY OR TOWN KANSAS CITY North	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 14
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		STREET ADDRESS (If rural, give location) 4451 N. MONTGOMERY 501	

3. NAME OF DECEASED (Type or Print) a. (First) ANITA	b. (Middle)	c. (Last) BUCHANAN	4. DATE OF DEATH (Month) (Day) (Year) JUNE 28 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH APRIL 1, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
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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) Youngstown, Ohio	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME CARL Schinke	13b. MOTHER'S MAIDEN NAME SARAH HAAS	14. NAME OF HUSBAND OR WIFE RAHEA BUCHANAN
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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 ADDRESS NORMA SCHINKE 4451 N. MONTGOMERY
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs 2 years 153X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinoma		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cal of sigmoid 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 Nov. 1953	19b. MAJOR FINDINGS OF OPERATION operated in Florida about November 1953. Cal of sigmoid found with lesions	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 Sept 24, 1954, to June 28, 1955, that I last saw the deceased alive on June 27, 1955, and that death occurred at 1:45 a.m. from the causes and on the date stated above.

23a. SIGNATURE 1. Charles Fowler (degree or title) D	23b. ADDRESS 2025 Swift No. K.C. Mo	23c. DATE SIGNED 6/29/55
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE June 30-55	24c. NAME OF CEMETERY OR CREMATORY Highland PARK Cem	24d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS
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DATE REC'D BY LOCAL REG 6-29-55	REGISTRAR'S SIGNATURE neva minnell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Neumanis 1007 N. K.C. Mo.
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Glenn H. Hill*.....

Licensed Embalmer No. 45

P. O. Address H. C. 16,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.