

FILED JUL 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22263

FILED JUL 18 1955

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2846

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) Kansas City		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"/>
c. LENGTH OF STAY (in this place) 55 yrs.		STREET ADDRESS (If rural, give location) 424 W. Dartmouth Road 3858	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elms N.H. - 1310 Armour			
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) L.	c. (Last) Mack
4. DATE OF DEATH July 2, 1955		5. SEX Female	
6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 27, 1878	9. AGE (In years last birthday) 76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Winchester, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James F. Flynn		13b. MOTHER'S MAIDEN NAME Anna Wills	14. NAME OF HUSBAND OR WIFE George H. Mack
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. 486-36-8577	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James E. Mack, 424 Dartmouth Rd., K.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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Right Hemiplegia) ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Essential Hypertension DUE TO (c) Chronic Arteriosclerosis Diabetes melitus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None
21e. INJURY OCCURRED WHILE WORKING <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? None		
22. I hereby certify that I attended the deceased from June 19 30 , to July 2, 19 55 , that I last saw the deceased alive on July 2, 19 55 , and that death occurred at 12:15 P.m. , from the causes and on the date stated above.			
23a. SIGNATURE J. Harvey Jennett M.D.		23b. ADDRESS 424 Professional Bldg. Kansas City 6 Mo	
23c. DATE SIGNED 7-5-55	24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-5-55	24c. NAME OF CEMETERY OR CREMATORY Forest Hill
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	DATE REC'D BY LOCAL REG. 7-5-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ETINE & McCLURE UND. CO. K.C., MO.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *Elmo D. Tisdell*.....

Licensed Embalmer No. *481*.....

P. O. Address *Kennett*.....

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.