

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26620

State File No.

FILED SEP 1 1955

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 155

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) Rural Independence		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 2 yr		d. STREET ADDRESS (If rural, give location) 3804 Myrtle	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospt.			

3. NAME OF DECEASED (Type or Print) a. (First) Ernestine b. (Middle) W c. (Last) Annis			4. DATE OF DEATH (Month) (Day) (Year) 8 23 55		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH 2-27-1881		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months Days	
11. BIRTHPLACE (State or foreign country) Lexington, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) 1	

13a. FATHER'S NAME Joseph Walter		13b. MOTHER'S MAIDEN NAME Cecilia Glumzer		14. NAME OF HUSBAND OR WIFE William (died in '39 Apr.)	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Daughter Mrs. Orcelia Jane Underwood	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 2020 Wanzel I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompens. ANTECEDENT CAUSES Gen. arterio sclerosis. At. ing. Lemia 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5600		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) m.		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 7-10-53, 1953, to Aug 23, 1955, that I last saw the deceased alive on 8-23, 1955, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. Keith M. D.		23b. ADDRESS 204 Angyle		23c. DATE SIGNED 8-23-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-25-55		24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
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DATE REC'D BY LOCAL REG. 8/24/55		REGISTRAR'S SIGNATURE W. E. Keith		52. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler 1800 E. Linwood	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

SEP 1 1955

*Annis
Carl Carson F A
CL 7900
give info & send letter
Cent.*

SEP 1 1955

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 _____

[Handwritten Signature]

Licensed Embalmer No. _____

P. O. Address _____

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.