

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16334

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2021</u>	
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. LENGTH OF STAY (in this place) 60 Years		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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 19 West 66th, St. Terrace				STREET ADDRESS (If rural, give location) 19 West 66th, St. Terrace			
3. NAME OF DECEASED (Type or Print)		a. (First) ANNA		b. (Middle) L.		c. (Last) EGNER	
4. DATE OF DEATH		(Month) May		(Day) 9th		(Year) 1956	
5. SEX Female	6. COLOR OR RACE. White	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 22, 1865		9. AGE (In years last birthday) 90	
IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milliner		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Charles J. Egnor			13b. MOTHER'S MAIDEN NAME Mary Ann Pfund			14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-16-0133		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Robert B. Armour, 19 W. 66th, Terrace			
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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Pulmonary Edema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Age.				INTERVAL BETWEEN ONSET AND DEATH 36 hrs 4 day 3 day 421	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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 5 May, 1956 to 9 May, 1956 that I last saw the deceased alive on 9 May, 1956 and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Robert M. Myers (Degree or title) M.O.				23b. ADDRESS 1025 Quail Bldg		23c. DATE SIGNED 10 May 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-11-1956		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 5-10-56		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

.300
.48

Dr. H.
1025
until 3:30

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 *Walter H. Erwin*

Licensed Embalmer No. *43*

P. O. Address *K. C.*

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