

FILED MAY 7 - 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13223

State File No.

1844

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 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) 30 yrs.		e. STREET ADDRESS (If rural, give location) 3525 Denver.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2			

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Pearl c. (Last) Kingsbury			4. DATE OF DEATH (Month) (Day) (Year) April 17, 1957		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH May 21, 1895	9. AGE (In years last birthday) 61 yrs.	IF UNDER 1 YEAR Months _____ Days _____
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) Armstrong, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William C. Jackson		13b. MOTHER'S MAIDEN NAME Nancy Singleton		14. NAME OF HUSBAND OR WIFE Edward Kingsbury	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Delores Kingsbury, daughter 3525 Denver	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Annular carcinoma of rectum with metastasis to liver, lung and serous surfaces.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		154X	
DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Pulmonary atelectasis and fibrosis.					

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) (Min.)		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 2-24-57, 1957, to 4-17-57, 1957, that I last saw the deceased alive on 4-17-57, 1957, and that death occurred at 8:20 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>W. R. Peterson M.D.</i>		23b. ADDRESS 600 E. 22nd Street		23c. DATE SIGNED 4-18-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/20/57		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 4-19-57		REGISTRAR'S SIGNATURE <i>Nora Minchell</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Fn. Hm. 18th & Benton					

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD
 W. R. Peterson



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 *Bruce S. Watkins*

Licensed Embalmer No. *452*
P. O. Address *16th & B*

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.