leaith, Welfare ublic	THE DIVISION OF HEA	ICATE OF DEATH
elAjce DDI16	FILED JUN 9 1958 gistration District No. 4.2	Primary Registration District No. 1000 Registrar's No. 590
300	1. PLACE OF DEATH  a. COUNTY  Buchanan	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Buchanan
<b>–57</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph Yes No	ts c. CITY A 1 1 Inside Limits
١	c. FULL NAME OF (If NOT in hospital, give location) Length of stay in HOSPITAL OR INSTITUTION 524 South 9th St., 50 yrs.	<del></del>
•	3. NAME OF DECEASED First Middle (Type or print)	Last 4. DATE Month Day Year
	Annie	Agron DEATH June 5, 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  INDUSTRY	11. BIRTHPLACE (City and state or country) 6 12. CITIZEN OF WHAT COUNTRY?
	### ### ##############################	Russia USA
	Abraham Brustein Bessie u	ınknown Harry Agron
BLE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	
Possi	(Yes, no, or unknown) (If yes, give war or dates of service) NO. NO.	Mrs. Harry Katcher, St. Joseph, Missouri
E IF	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	us of colon to abdominal interval BETWEEN ONSET AND DEATH
ON TYPEWRIT	Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last.  DUE TO (b)	ses + ascites 15 months
elated. OR RIBBON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH S	but not related to the terminal disease condition given in PART I (c) 19. WAS AUTOPSY PERFORMED? 2
causally related ACK INK OR R	200. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY C	YES NO COURRED. (Enter nature of injury in PART I or PART II of item 18.)
8 H	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.	,
in Part I must USE ONLY	20d. INJURY OCCURRED WHILE AT NOT WHILE WORK  20e. PLACE OF INJURY (e.g., in or about h form, _ctory, street, office bldg., etc.	ome, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
0#6# in	21. I attended the deceased from	6/5/5 and last saw her alive on 6/4/56 in the date stated above; and to the best of my knowledge, from the causes stated.
All diseases	220. SIGNATURE Sonald J. Dogres or till and 14 d	6 226. ADDRESS Edward St 22c. DATE SIGNED
:	230. BURIAL, CREMATION, 23b. DATE 23c. HAME OF CEMETERY (	
כיי	Burial June 6, 1958   Sheare Sholem	
	Meccellar Ham In St. Joseph, Mo.	DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  26. 1958  26. Clark Hodell
_	(Licensed Embolmer's	Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal
by me, or by, Student Embalmer No

working under my personal supervision.

Die J. Chang

P. O. Address St. Joseph, Misso

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.