

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

60-023037

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2977

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, give TOWNSHIP only) Kansas City		Length of stay in lb 13 yrs	c. CITY OR TOWN Kansas City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kings Rest Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2745 Wenzel st. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Elston Middle Joseph Last Anthony	4. DATE OF DEATH Month 5 Day 30 Year 1960
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5. SEX Male	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/29/1947	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Western Trans. Co.	11. BIRTHPLACE (City and state or country) Chamois, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME John Anthony	13b. MOTHER'S MAIDEN NAME Mary E. Fulcher	14. NAME OF HUSBAND OR WIFE Helen E. Anthony
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.# 1	16. SOCIAL SECURITY NO. 510-03-9632	17. INFORMANT Helen E. Anthony 2745 Wenzel st. K.C.Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Congestive Heart Failure	few hours
DUE TO (b)	Aortic Heart Disease	several months
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION February 11, 1960 to May 30, 1960 and last saw him alive on May 29, 1960
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21. I attended the deceased from February 11, 1960 to May 30, 1960 and last saw him alive on May 29, 1960 Death occurred at 4:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George H. Taft M.D.	22b. ADDRESS 2204 East 18th. st. K. C. Mo.	22c. DATE SIGNED 6/2/1960
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23a. BIRTH, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/6/1960	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Ft. Leavenworth, Kansas
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24. FUNERAL DIRECTOR Mrs. J. W. Jones 440 state ave. Kans.	25. DATE RECD. BY LOCAL REG. 6-3-60	26. REGISTRAR'S SIGNATURE Neva Marshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
George H. Taft

JUL 19 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Engene English

Licensed Embalmer No. 4105

P. O. Address 440 Star

- 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.