

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13625  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Kew Primary Registration District No. 1002  
(c) City Kansas City, Mo. (d) Street No. Research Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **1605**2. PRINT FULL NAME Anna Catherine Delane, 450

(a) Residence, No. 1613 Oakley Avenue, K.C. Mo. St.   
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olaf De Lane

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 22nd, 1895

7. AGE YEARS 43 MONTHS 5 DAYS 22 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden13. NAME No Record (Peterson)14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME No Record16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record17. INFORMANT Mr. Arthur Delane, 1613 Oakley  
(ADDRESS) Kansas City, Missouri18. BURIAL, CREMATION, OR REMOVAL  
PLACE Forest Hill Cem. DATE April 16th, 193819. FUNERAL DIRECTOR Mrs. C. L. Forster  
(ADDRESS) 918 Brooklyn Avenue, K. C. Mo.20. FILED Apr 15, 1938 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14th, 193822. I HEREBY CERTIFY, That I attended deceased from April 11, 1938, to April 14, 1938I last saw her alive on April 14, 1938. Death is saidto have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial  
Bronchitis  
Emphysema of Gall  
Bladder  
107a

Date of onset

4/12/384/10/38

Other contributory causes of importance:

see StoneName of operation none Date ofWhat test confirmed diagnosis? X-ray Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) Prof. J. J. ... M. D.(Address) 820 Professional Bldg

Dr. Mc Clellan,  
Research Hospital, City.

---

---

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

**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.)**