REC'D JUN 15 1939

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

18837
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 398
(b) Township or — Primary Registration District No. 3554 — Registered No. 155
(c) City Independence (d) Street No. 1407 Ash 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.

2. PRINT FULL NAME 500 Coral Irene Anwac
(a) Residence, No. 1407 Ash 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Joseph H. Anwac
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6, 1902
7. AGE: Years 36 Months 0 Days 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): London Ontario Canada

FATHER
13. NAME: George Mollashell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER
15. MAIDEN NAME: Anna Bedore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Joseph H. Anwac, Independence, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mound Grove DATE: May 10, 19 39
19. FUNERAL DIRECTOR (NAME) (ADDRESS): George C. Carson, Independence, Mo.
20. FILED 5-13-1939. F. L. Cook, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 7, 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to May 7, 1939.
I last saw her alive on 5-6, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute dilatation of heart from fatty degeneration and malignant degeneration of surrounding tissue. — Date of onset 1933
50
Other contributory causes of importance: Carcinoma of L. breast involving all thoracic lymph channels & liver, uterus & spleen.
Name of operation: Date of:
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
23. 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? No
If so, specify
(Signed) H. E. Wyckoff, M. D.
(Address) 3644 Troost, K. C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.