

REC JAN 8 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4510**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **Jackson** /

(a) County **Jackson**

(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Research Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **50 Yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")

(d) Street No. **4345 Harrison**
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Anna E. CAHILL.**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Frank P. Cahill** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 11th 1890**
(Month) (Day) (Year)

8. AGE: $\frac{1}{2}$ Years	Months	Days	If less than one day
50	8	23	hr. _____ min.

9. Birthplace **Kansas City Missouri** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Secretary of the Security Benefit Association.**

11. Industry or business **Benefit Association.**

12. Name **Frank H. Van Tassal** /

13. Birthplace **New York**
(City, town, or county) (State or foreign country)

14. Maiden name **Nellie Jane Powers**

15. Birthplace **Jacksonville Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Charles Manlove**

(b) Address **Topeka Kansas.**

17. (a) **Burial** (b) Date thereof **12/7/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Marys**

18. (a) Signature of funeral director **Melody-McGilley.**

(b) Address **K. C. Mo.**

19. (a) **12-6-40** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **4**
year **1940** hour **12** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **1925**
_____, 19____, to **12-4**, 19**40**
that I last saw him **4** alive on **12-4**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **uremia**

Due to **Carcinoma Cervix**

Due to **48**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **1**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Donald B. Blum** (M. D. or other) _____
Address **921 North Bluff Street** Date signed **12-2-40**

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 267

....., Registered Apprentice No.
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 2889

P. O. Address

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 this body is not embalmed, fact should be so stated above.