

Registration District No. 299

Primary Registration District No. 1007

Registrar's No.

1. PLACE OF DEATH:

(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:
St. Joseph Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks - 5 Days
(Specify whether
In this community Non-Resident
years, months or days)

3. (a) PRINT FULL NAME Lee Bert Annett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Kate Annett 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct. 2, 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace White Grove Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Southwestern Bell Tele. Co.

MOTHER FATHER { 12. Name Jason Annett
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
14. Maiden name Martina A. Davidson
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Kate Annett
(b) Address Eldorado Springs, Mo.

17. (a) Removal (b) Date thereof Jan. 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eldorado Springs, Mo.

18. (a) Signature of funeral director Joe - Walter
(b) Address 7406 Wornall Road

19. (a) 1-12-1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 30
(c) City or town Eldorado Springs, Mo. 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
year 1941 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 23
1940 to Jan 11, 1941;
that I last saw him alive on Jan 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation and Failure.
Due to Severely - Parenchyma of Transverse Colon.
Due to Colon Resection.

Other conditions (Include pregnancy within 3 months of death) 4/10

Major findings: Parenchyma of Colon.
Of autopsy _____

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?

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

23. Signature Ed Hentley (M. D. or other) _____
Address 915 Argyle Bldg Date signed Jan 12/41

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

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 _____

Harlyn Roy
working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Harlyn Roy
Licensed Embalmer No. *2510*

P. O. Address *168 7th*

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, above space should be left blank.