

Registration District No. **399**

Primary Registration District No. **102**

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: **Conley Clinical Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2**
(Specify whether)
 In this community **4 1/2 Yrs**
years, months or days

3. (a) PRINT FULL NAME **ANNA KEZELE WORLEY**

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

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **1 divorced Married**

6. (b) Name of husband or wife **Ellis V. Worley** 6. (c) Age of husband or wife if alive **24** years

7. Birth date of deceased **June 5, 1918**
(Month) (Day) (Year)

8. AGE: Years **22** Months **7** Days **14** If less than one day **hr. min.**

9. Birthplace **Van Loton New Mexico 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **George Kezele**

18. Birthplace **Austria 8**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Milos**

15. Birthplace **Austria 8**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ellis V. Worley**

(b) Address **715 Brighton**

17. (a) **Removal** (b) Date thereof **1/20/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rock Springs, Wyo.**

18. (a) Signature of funeral director **Frank J. Robin**
(b) Address **City**

19. (a) **Jan 20 1941** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limit, write "RURAL")
 (d) Street No. **715 Brighton**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **19**
 year **1941** hour **5** minute **34** A.M.

21. I hereby certify that I attended the deceased from **1-9-41**
 _____, 19____, to **1-19-**____, 19____
 that I last saw her alive on **1-19**____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Believed shock**

Due to **Intestinal obstruction**

Due to _____
 Other conditions **12.2.10**
(Include pregnancy within 3 months of death)

Major findings: **Mechel's diverticulum**
 Of operations **Intestinal obstruction**
 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? _____

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

23. Signature **Margaret J. Brown** (M.D. or other) **D.O.**

Address **3620 9th** Date signed **1-20-41**

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.....

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

Signed Harold Perry

Licensed Embalmer No. 4097

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, above space should be left blank.