

APR 15 1941

Registration District No. **399**

Primary Registration District No. **1002**

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:
2017 Penn Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- /
(Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2017 Penn Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1941 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from
April 4, 1940, to March 12, 1941;
that I last saw h. alive on March 12, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia Myocardial
Degeneration of heart

Due to Chronic Nephritis

Other conditions Diabetes

Major findings:
Of operations
Of autopsy

Duration
7
1 1/2
7 yrs
Underline
the cause to
which death
should be
charged sta-
tistically.

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 Walter A. Pallett (M. D. or other) Med.
Address 1132 Professional Bldg. Date signed 3/13/41

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

3. (a) PRINT FULL NAME Mrs. Anna B. Wagner

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 Married

6. (b) Name of husband or wife Mr. Edward G. Wagner 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased February 7 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 6 hr. min.

9. Birthplace Burlingame Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

12. Name John Volker

13. Birthplace England
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sigler

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

16. (a) Informant Edward G. Wagner

(b) Address 2017 Penn St

17. (a) Burial (b) Date thereof Mar. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-13-41 (b) M. M. Crause
(Date received local registrar) (Registrar's signature)

11:30 - 12:30 ; 1-4
1132 Professional Seal

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.....

A. C. Newcomer

Licensed Embalmer No.....

4043

P. O. Address.....

A. C. Newcomer

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.