

S. No. 2
4-13-40
5-17-39
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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13472

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1453

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:
40 West 69th Street
(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 43 Years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 40 West 69th Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mrs. Anna Belle Webster

3. (b) If veteran, No No name war.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1941 hour 1 minute 40 P.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Charles M. Webster

6. (c) Age of husband or wife if alive 6 years

7. Birth date of deceased: August 6 th 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 9, 1941, to April 8, 1941
that I last saw her alive on April 8, 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>8</u>	<u>4</u>	hr. min.

Immediate cause of death: Chronic myocarditis one year

Due to 9th St. H

9. Birthplace Quincy Ohio
(City, town, or county) (State or foreign country)

Other conditions: General arterio sclerosis unknown

(Include pregnancy within 3 months of death)

10. Usual occupation None

11. Industry or business At Home

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name John Staples

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

14. Maiden name Anis Josephs

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

16. (a) Informant E. G. Webster

(b) Address 40 West 69th Street

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

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

(b) Date of occurrence

17. (a) Burial (b) Date thereof April 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington Cemetery

(c) Where did injury occur?

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

18. (a) Signature of funeral director D. H. Howe

(b) Address 1401 Brush Creek Blvd.

19. (a) Apr 12, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury 0

23. Signature J. M. Frankenburg M.D. or other

Address 824 Rialto Bldg. Date April 11, 1941

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

906
1-4 PM

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address F. C. Mo.

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.