

S. No. 2
4-1-441
7-5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20774

State File No. _____

FILED JUL 7 1941
399

Registrar's No. 2304

Registration District No. _____

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs.
(Specify whether
In this community all of life
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. 5115 Virginia
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Anwander

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

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

6. (b) Name of husband or wife Ellen Anwander 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb 25th 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Paper Distributor

11. Industry or business Kansas City Star.

12. Name Jacob Anwander

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

14. Maiden name Josephine Wager

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

16. (a) Informant Mrs. Ellen Anwander

(b) Address 5115 Virginia

17. (a) Burial (b) Date thereof June 18-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial St. Mary's

18. (a) Signature of funeral director J.W. Wager

(b) Address Kansas City Mo.

19. (a) 6/17/41 (b) M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1941 hour 11 minute 25 A. M.

21. I hereby certify that I attended the deceased from 6-15-41 19____ to 6-15-41 19____
that I last saw h. in alive on 6-15-41 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral pontine medullary hemorrhage
secondary subpial hemorrhage
Due to Hypertensive cardio vascular
renal disease

Due to _____

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

Major findings:
Of operations _____

Of autopsy See above

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 Amey R. Thow (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date signed 6-16-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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. R. Hauschild

Licensed Embalmer No. *4159*

P. O. Address. *K. 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.