

FILED FEB 11 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 331

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:  
3815 Montgall Avenue /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 12 Years  
(Specify whether years, months or days)  
 In this community: 12 Years

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. 3815 Montgall Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23rd  
 year 1942 hour 9 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from Oct 20, 41  
 1941 to Jan. 23, 1942  
 that I last saw her alive on Jan. 23, 1942  
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs. Anna Laura Drake  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

Immediate cause of death Carcinoma of uterus and descending colon  
 Duration 5 mo.  
Primary. Cancer of uterus  
 Due to 18 1/2  
40 1/2

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mr. Fayette M. Drake  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased December 28 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>26</u>	<u>hr. min.</u>

9. Birthplace Waverly New York /  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

MOTHER FATHER {  
 12. Name Dr. P. T. Johnson  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Laura Ball  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fayette M. Drake  
 (b) Address 3815 Montgall

17. (a) Cremation (b) Date thereof Jan. 26, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 1-25-42 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

Other conditions Interstitial nephritis  
(Include pregnancy within 3 months of death)  
Chronic  
 Major findings:  
 Of operations -----  
 Of autopsy -----

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 C. E. Stump (M. D. -----)  
 Address 1102 E. 47 st. Date signed 1/23/42

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.....

*C. Hervey Quisenberry*

Licensed Embalmer No. 4070

P. O. Address. H. C. M.

**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.**