

FILED FEB 11 1942

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 400

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:
General Hospital No. 20
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-6-42-1-16-42
(Specify whether
 In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
 (d) Street No. 1747 Madison
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME ANNA SNEED

3. (b) If veteran, name war. 3. (c) Social Security No. 700

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive unknown years
 7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Deceased Unknown
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Deceased Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Ideal Maus Home
 (b) Address 1409 E. 13th St. K.C. Mo

19. (a) 1/28/42 (b) M. H. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
 year 1942 hour 2 minute 15 AM

21. I hereby certify that I attended the deceased from January 6 1942 to January 16 1942
 that I last saw her alive on January 16 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis with Uremia
 Duration

Due to

Due to 1218

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy Same as above
 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) (Means of injury)

23. Signature J. C. Thomas (M. D. attending)
 Address Gen. Hosp #2-602 E. 22 Date signed 1-21-42

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

MOTHER FATHER

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.....

[Handwritten Signature]

Licensed Embalmer No. 3388

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.