

S. No. 2
M-5-42
5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36377

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4389

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:
3003 McGee 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) 59 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. 3003 McGee street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Annie Madora Rawdon

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th year 1942 hour..... minute..... M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Wallace C. Rawdon

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

7. Birth date of deceased: Nov. 29th 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1935 to Nov. 25, 1942, that I last saw her alive on Nov 25, 1942, and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 11 Days 28 If less than one day 27 hr. min.

Immediate cause of death Chronic myocarditis Duration 7 yrs

Due to Arterio-sclerosis and advanced age

Due to 935

Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation At Home

11. Industry or business.....

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Joseph C. David

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

14. Maiden name Anna Madora Brown

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

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? HC Jackson Mo
(City or town) (County) (State)

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

16. (a) Informant Col. M. E. Rawdon

(b) Address 3003 McGee street

17. (a) Burial (b) Date thereof 11/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington
Freeman Mortuary

18. (a) Signature of funeral director.....
(b) Address 164 West 42nd street

19. (a) 11-27-42 (b) M. H. Brown
(Date of local registrar) (Registrar's signature)

While at work?..... (e) Means of injury.....

23. Signature E. W. Shushy (M., D., or other)
Address 900 Rialto Bldg KC Mo Date signed 11-26-42

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

Dr. E. W. Johnson
R. W. L. 1369
425 Wood Street
Tomball, Texas 77053
11-29-66

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 Clarence M. Chile
Licensed Embalmer No. 3473
P. O. Address 76 E 760

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.