

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 14 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3387

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3121 Park Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 2 1/2 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 14
(c) City or town Seneca Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Anna M. AZIERE.
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 4th,
year 1943 hour 12 Noon minute _____ M.
21. I hereby certify that I attended the deceased from July 3
1943 to June 8th 1943
that I last saw him alive on June 8th 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John J. Aziere 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased August 10 1879
(Month) (Day) (Year)

Immediate cause of death Hypertension
Due to Hypertension
Due to 93rd

8. AGE: Years 63 Months 11 Days 25 1/4 If less than one day hr. _____ min.

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

10. Usual occupation Housemaid

11. Industry or business At 3121 Park

MOTHER FATHER
12. Name Wenzel Waller
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Magelina Kaiser
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John J Aziere
(b) Address 3121 Park Ave (City)
17. (a) Removal (b) Date thereof 8/5/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Seneca Kansas

18. (a) Signature of funeral director Melody-McGilly
(b) Address K. C. Mo.

19. (a) 8-5-43 (b) Dr. P. E. Brown
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
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 James D. Smith (M. D. or other) MD
Address 3121 Park Ave. K.C. Mo. Date signed 8/4/43

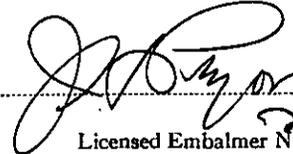
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Geo. Bismuth
Smith

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.....



Licensed Embalmer No.....

2999

P. O. Address.....

KC

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.