

FILED JAN 5 1944  
1949

State File No. \_\_\_\_\_  
Registrar's No. 5387

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:  
Turner Convalescent Home 4,811 Myrtle  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 6 weeks  
(Specify whether years, months or days)

In this community... 40 years  
(Specify whether 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. 3528 Penn  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Anna M. Axley

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife John M. Axley 6. (c) Age of husband or wife if alive... years \_\_\_\_\_

7. Birth date of deceased October 21 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	1	28	hr. _____ min. _____

9. Birthplace Lebanon, Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation... at home

11. Industry or business \_\_\_\_\_

12. Name Dr. B. H. Leslie

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

14. Maiden name Lydia A. Mease

15. Birthplace Mt. Nebo, Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F. C. Kendall

(b) Address 2528 Penn.

17. (a) burial (b) Date thereof 12-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 12-20-43 (b) H. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19 year 1943 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Dec 15 1943 to Dec 19 1943

that I last saw her alive on Dec 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized carcinoma of both breasts had been removed. said to be ca of breast. Unable to get any history as to duration

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 50

Of autopsy \_\_\_\_\_

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 J. J. Brown M. D. or other) \_\_\_\_\_

Address 1202 1/2 E. 11th St. K.C. Date signed \_\_\_\_\_

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

MOTHER FATHER

*Wm. E. Johnson*  
*Embalmer*

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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 *Wm. E. Johnson*  
Licensed Embalmer No. *481*  
P. O. Address *Kansas City, 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.**