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2-43
17-39
X35697

FILED JAN 19 1944
Registration District No. 1949

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County: Kansas City
(b) City or town: Kansas City
(c) Name of hospital or institution: 3739 Park /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
In this community 46 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL") 0
(d) Street No.: 3739 Park
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Anastasia Redl
(b) If veteran, name war: XX
(c) Social Security No.: No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 28th
year 1943 hour 6: minute 20 P.M.
21. I hereby certify that I attended the deceased from Jan 19 1941
to Dec 28 1943, to Dec 28 1943
that I last saw her alive on Dec 26 1943
and that death occurred on the date and hour stated above.

4. Sex: Fe 5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Karl Redl
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: April 20 1868
(Month) (Day) (Year)

Immediate cause of death: coronary heart disease
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 8 Days 8
If less than one day hr. min.
9. Birthplace: Bohemia Czechoslovakia 6
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations:
Of autopsy:
Underline the cause to which death should be charged statistically.

10. Usual occupation: At Home
11. Industry or business: No Record
12. Name: " "
13. Birthplace: " (City, town, or county) (State or foreign country)
14. Maiden name: " "
15. Birthplace: " (City, town, or county) (State or foreign country)

16. (a) Informant: Karl Redl
(b) Address: 3739 Park
17. (a) Burial (b) Date thereof: 12-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: J. Wagner
(b) Address: Kansas City, Mo.
19. (a) Dec 29 1943 (b) J. G. Brown
(Date received by registrar) (Registrar's signature)

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: (M. D. occupier)
Address: 3250 Fremont Date signed: 1-3-44

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

3850
MA 6110
after 1 P.M.

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 Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.