

FILED APR 15 1944

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1577

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 2704 Charlotte /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (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. 2704 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MISS CLARA ANGERMAYER

(b) If veteran, No (c) Social Security No. 487-05-9905

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

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

7. Birth date of deceased December 18, 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 21 If less than one day 18 hr. min.

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

10. Usual occupation Dental Assistant

11. Industry or business Dr. Walter C. Shull

12. Name Anton Angermayer

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

14. Maiden name Helena Schurlain

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

16. (a) Informant Mrs. E. H. Tempelman

(b) Address 2704 Charlotte

17. (a) Burial (b) Date thereof 4-12-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John W. Wagner  
(b) Address Kansas City, Missouri

19. (a) 4-10-44 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th  
year 1944 hour 5 minute 30 P.A.M.

21. I hereby certify that I attended the deceased from Apr 2, 1944 to Apr 9, 1944  
that I last saw him alive on 4-9, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis Duration 1 wk  
Due to Ant. Angermayer was

Due to.....  
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations none Of autopsy none  
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.....

(Specify type of place) (e) Means of injury.....  
While at work.....

23. Signature John W. Wagner (M. D. or other) John W. Wagner  
Address Kansas City, Mo Date signed 4/10/44

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

MOTHER FATHER

1107 Bryant Bldg.  
St. Louis, Mo.

**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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**