

FILED JAN 22 1946

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 5409

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: 1606 Genesee  
Stock Yards, K.C. Mo. 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. None (Specify whether  
20 years years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 40

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 7940 Euclid 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William J. ANWEILER

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. 486-10-0801

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28 th  
year 1945 hour 9 minute 30 a. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Carrie S. Anweiler

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Feb. 24, 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
CORONER

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death \_\_\_\_\_

Coronary thrombosis

9. Birthplace Topeka Kan.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

10. Usual occupation Carpenter Forman Const. Gang

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

11. Industry or business Stockyards K.C. Mo.

12. Name John Philip Anweiler

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

14. Maiden name Caroline Bouse

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Carrie S. Anweiler

(b) Address 7940 Euclid

17. (a) Removal (b) Date thereof 12-30-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

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? \_\_\_\_\_

18. (a) Signature of funeral director Melody McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

19. (a) 12-29-45 (b) Shiraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address 1424 1/2 St. N.W. Date signed 12-28-45

100222 WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

061

JAN 23 1946

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**