

S. No. 2  
M-5-43  
r. 5-17-39  
I X36671

**FILED MAR 27 1946**

Registration District No. 149 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:  
3344 SUMMIT STREET  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community LIFE years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County JACKSON 48  
 (c) City or town KANSAS CITY 3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3344 SUMMIT STREET 8  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** ANNA ESTHER VIERLING

**3. (b) If veteran,** name war No **3. (c) Social Security** No. 1001E

**4. Sex** FEMALE **5. Color or** race WHITE

**6. (b) Name of husband or wife** MR. JOHN VIERLING **6. (a) Single, widowed, married,** divorced MARRIED

**6. (c) Age of husband or wife if** alive 65 years

**7. Birth date of deceased** AUG 18 - 1882  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>6</u>	<u>27</u>	hr. min.

**9. Birthplace** SUPERIOR NEBRASKA  
(City, town, or county) (State or foreign country)

**10. Usual occupation** HOUSE WIFE

**11. Industry or business** HOUSE WIFE

**12. Name** MARTIN L. WINSON

**13. Birthplace** UNKNOWN 9  
(City, town, or county) (State or foreign country)

**14. Maiden name** CAROLINE MEECE

**15. Birthplace** NEW YORK  
(City, town, or county) (State or foreign country)

**16. (a) Informant** MR. JOHN VIERLING

**(b) Address** 3344 SUMMIT STREET

**17. (a) (Burial, cremation, or removal)** BURIAL **(b) Date thereof** MAR 18 1946  
(Month) (Day) (Year)

**(c) Place: burial or cremation** GLENDOCK, KANSAS

**18. (a) Signature of funeral director** D. H. Newman, Inc.  
**(b) Address** 1401 BRUSH CREEK BLYD.

**19. (a) (Date received local registrar)** 3-16-46 **(b) (Registrar's signature)** Maldine Holmes

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH,** Month MARCH day 15th  
year 1946 hour 12 minute 30 A M.

**21. I hereby certify that I attended the deceased from** March 4  
1946 to March 15 1946  
that I last saw her alive on March 15 1946  
and that death occurred on the date and hour stated above.

**Immediate cause of death** Acute Pulmonary **Duration** 1 hr  
Edema

**Due to** Cardiac decompensation

**Due to** Chronic Valvular heart disease

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

**Major findings:** None  
**Of operations** \_\_\_\_\_

**Of autopsy** None 92 D

**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** \_\_\_\_\_ **(c) Means of injury** \_\_\_\_\_

**23. Signature** Ralph Perry **(M. D. or other)** MD  
**Address** 4800 E 24 **Date signed** 3-19-46

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

8665

OCT 8 1947

4506  
1-8  
East 24th Street

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 Paul Rapp  
Licensed Embalmer No. 3458  
P. O. Address KC 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.