

FILED FEB 5 1947
197

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 259

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: Trinity Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months
(Specify whether years, months or days)

In this community 22 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. 317 East 43 rd Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MISS ANNA ELIZABETH CARLSON

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 Single

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

7. Birth date of deceased May 27, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>7</u>	<u>21</u>	hr. min.

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

10. Usual occupation Nurse

11. Industry or business _____

12. Name Nils Carlson

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

14. Maiden name Anna Smith

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

16. (a) Informant Julius Carlson
(b) Address Kinsley, Kansas

17. (a) Removal (b) Date thereof 1-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kinsley, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 1-20-47 (b) R. H. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1947 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from May - 1
1946 to Jan 18, 1947;
that I last saw her ex alive on Jan 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs
due to
Due to Carcinoma of Breast removed
Duration 1 year
8 years ago

Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Gaurholz M.D. (M. D. or other) _____
Address 3527 Broadway R. Co. Mo. Date signed Jan 19-47

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

MOTHER FATHER

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 Walter H. Erwin
Licensed Embalmer No. 4352
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.