S. No. 2
(—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 5 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24168 2970

Registration District No. 247 Primary Registration District No. 1002 Registrar's No.

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: ST JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 DAY (Specify whether years, months or days)
In this community: 45 YEARS

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.: 1609 W 39TH STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (~~Yes or~~ No) 0
If yes, name country: ---

3. (a) PRINT FULL NAME: Mrs. ANNA LAURA FINDLEY
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: WIDOWED
6. (b) Name of husband ~~or wife~~: WALTER E FINDLEY
6. (c) Age of husband or wife if alive: --- years
7. Birth date of deceased: NOVEMBER (Month) 29 (Day) 1880 (Year)

8. AGE: Years	Months	Days	If less than one day
66	7	13	hr. min.

9. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSEWIFE MANAGER
11. Industry or business: OF APARTMENTS
MOTHER FATHER
12. Name: THOMAS COULTER
13. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name: MARY FRANCES GODDARD
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)
16. (a) Informant: J. D. Coulter
(b) Address: 1609 W. 39th Street
17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof: 7-14-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: D W Newcomer & Sons
(b) Address: 1401 BRUSH CREEK BLVD. - K.C. 4 MO.
19. (a) 7-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JULY day: 12 year: 1947 hour: 11:45 minute: P M.
21. I hereby certify that I attended the deceased from July 11 1947 to July 12 1947 that I last saw her alive on July 12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage	Duration
Due to: Arteriosclerosis	
Due to: ✓	
Other conditions: ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations: ✓ NON	
Of autopsy: ✓	

PHYSICIAN — Underline the cause of 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)
While at work? ✓ (e) Means of injury: ✓ 0
23. Signature: M F Howell (M. D. or other) MD
Address: 1722 W 39 Date signed: 7-15-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Sewell
39th. v Bell
1722 W. 39th.

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 D. S. Nofsinger

Licensed Embalmer No. 5938

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.