No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38067

FILED DEC 15 1947

Registration District No. 1149

Primary Registration District No. 1002

Registrar's No. 5098

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: 5935 McGEE STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----
In this community: 50 YEARS (Specify whether 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.: 5935 McGEE STREET 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ----

3. (a) PRINT FULL NAME: MRS. ANNA FLORENCE CLOSE
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: MARRIED
6. (b) Name of husband or wife: MR. FRED P. CLOSE
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: DECEMBER (Month) 23 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	11	10	hr. min.

9. Birthplace: URICH (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: ----
12. Name (Father): PHILLIP H. SAUERERRIG
13. Birthplace (Father): PRUSSIA (City, town, or county) (State or foreign country)
14. Maiden name (Mother): ANNA FLORENCE GILTNER
15. Birthplace (Mother): JOHNSON COUNTY (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: MR. FRED P. CLOSE
(b) Address: 5935 McGEE STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 5 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: MT. MORIAH CEMETERY
18. (a) Signature of funeral director: O. N. Newcomer Sons
(b) Address: 1401-BRUSH CREEK BLVD.
19. (a) 12-4-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 3RD year 1947 hour 1 minute 00 P.M.
21. I hereby certify that I attended the deceased from 9/29 1947 to 12/3 1947 that I last saw him alive on 12/3 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Carcinomatosis — Duration
Due to: Above
Due to: Above
Other conditions: Above — Primary Carcinoma Gastric Resection 1932 operated above
Major findings of operations: None
Of autopsy: None

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: —
23. Signature: William B. Allen (M. D., or other)
Address: Professional Bldg. Date signed 12/4/47

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

R.C.H.O.

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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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K.C. 3, 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.