

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32784
3965
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 4931 Prospect
(d) Length of stay: In hospital or institution 2 months
In this community 2 months

3. (a) PRINT FULL NAME Mrs Lena Andie
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 Edward Andie
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Sept 4 1884

8. AGE: Years 64 Months 0 Days 25
If less than one day hr. min.

9. Birthplace Missouri

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
12. Name James E. Mohney
13. Birthplace West Know 9
14. Maiden name Adeline Hyde
15. Birthplace West Know 9

16. (a) Informant Mrs Elva Steffen

(b) Address 4931 Prospect

17. (a) Removal (b) Date thereof 9-30-48

(c) Place: burial or cremation Pittsburg, Kans

18. (a) Signature of funeral director
(b) Address Kansas City, Mo

19. (a) 9-30-48 (b) D. D. Holman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4931 Prospect
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29th
year 1948 hour 7 minute P.M.
21. I hereby certify that I attended the deceased from November 29, 1947, to Sept 29, 1948
that I last saw her alive on Sept 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia
Due to Asthma

Other conditions
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature R. H. Sprang
Address 2805 East 6th Date signed 9/24/48

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address H. C. 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.