

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

FILED DEC 11 1948  
Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 4839

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. Lukes Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks (Specify whether  
In this community 3 WEEKS years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO. (b) County 13  
(c) City or town Hamilton  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Annie Amelia Will  
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 22  
year 1948 hour 7 minute 15 A. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive X years

21. I hereby certify that I attended the deceased from Pathologist, 1948 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased Jan. 1 (Month) (Day) 1866 (Year)  
8. AGE: Years Months Days If less than one day  
82 10 21 hr. \_\_\_\_\_ min.

Immediate cause of death  
Broncho pneumonia, right

9. Birthplace Ill. (City, town, or county) (State or foreign country)  
10. Usual occupation None

Due to Fracture right trochanter.  
Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name George S. Will  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Catherine Eve Funk  
15. Birthplace Virginia (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Major findings: low  
Of operations \_\_\_\_\_  
Of autopsy low

16. (a) Informant Mrs. Crockett (Niece)  
(b) Address Hamilton, Mo.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/24/48 (Month) (Day) (Year)  
(c) Place: burial or cremation Hamilton, Mo.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director STINE & McCLURE  
(b) Address 3235 Gillham Plaza K.C., MO.  
19. (a) 11-26-48 (Date received local registrar) (b) Seraldine Holmes (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 13  
(b) Date of occurrence 11-7-48  
(c) Where did injury occur? Hamilton mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
E.C.H. Schmidt at home  
While at work? no (Specify type of place) (e) Means of injury fall  
23. Signature E.C.H. Schmidt (M. D. or other) \_\_\_\_\_  
Address St. Luke Hospital Date signed \_\_\_\_\_

22 NOV 1948

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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.....

*Max E Meyer*

Licensed Embalmer No.....

*4555*

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.**