

FILED JAN 25 1952

STANDARD CERTIFICATE OF DEATH

1138

State File No. 141

Registrar's No. 141

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|---|---|--|---|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>141</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission) | | | |
| a. COUNTY <u>Jackson</u> | | b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Jackson</u> | |
| c. LENGTH OF STAY (in this place) <u>45 years</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>417 East 72nd Street</u> | | e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>417 East 72nd Street</u> | | | | d. STREET ADDRESS (If rural, give location) <u>417 East 72nd Street</u> | | | |
| 3. NAME OF DECEASED | | | 4. DATE OF DEATH | | | 5. SEX | |
| a. (First) <u>BELLE</u> | b. (Middle) <u>MARSHALL</u> | c. (Last) <u>ANNETT</u> | (Month) <u>January</u> | (Day) <u>9</u> | (Year) <u>1952</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> |
| 8. DATE OF BIRTH <u>May 16, 1872</u> | 9. AGE (In years last birthday) <u>79</u> | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (State or foreign country) <u>Spencer, Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Seneca A. Newling</u> |
| 13b. MOTHER'S MAIDEN NAME <u>Adeline Kelle</u> | 14. NAME OF HUSBAND OR WIFE <u>William H. Annett</u> | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Marguerite Jeddika, 7468 Grand, K.C., Mo.</u> | | | |
| 18. CAUSE OF DEATH | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| Enter only one cause per line for (a), (b), and (c) | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> | | | | | <u>42 days</u> | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES | | | | | DUE TO (b) <u>Arteriosclerosis</u> | |
| | DUE TO (c) _____ | | | | | <u>20 yrs</u> | |
| | II. OTHER SIGNIFICANT CONDITIONS | | | | | <u>331X</u> | |
| Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____ | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>June 8, 1950</u> , to <u>Jan 9, 1952</u> , that I last saw the deceased alive on <u>Jan 9, 1952</u> , and that death occurred at <u>408 P. m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Gordon P. Barnett, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>6333 Brookside Plaza</u> | | 23c. DATE SIGNED <u>Jan 9 1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 11 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>1-11-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. H. Newcomer</u> ADDRESS <u>Lons, Kansas City, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed John R. Sidmon

Signed.....
Student Embalmer

Licensed Embalmer No. 4531

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.