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Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 20 1957

STATE FILE NUMBER 8939

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1034

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp. — Length of stay in this 52 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 2114 Anne (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ANNA Middle CATHERINE Last ULRICH

4. DATE OF DEATH Month March Day 3 Year 1957

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH Aug-26-1877 **9. AGE** (In years last birthday) 79 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** At Home **11. BIRTHPLACE** (City and state or country) Nauvoo, Ill. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME Phillip Wiessner **14. MOTHER'S MAIDEN NAME** Catherine Gadelman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — **16. SOCIAL SECURITY NO.** — **17. INFORMANT** Mr. Charles H. Ulrich Sr. Address K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CARCINOMA PANCREAS — INTERVAL BETWEEN ONSET AND DEATH 8 Mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 157 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Sept 25 54 to MAR 3 1957 and last saw her alive on MAR 3 1957
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. David Henry (Degree or title) M.D. **22b. ADDRESS** 1115 Grand Ave **22c. DATE SIGNED** 4 MAR 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 3-5-1957 **23c. NAME OF CEMETERY OR CREMATORY** Elmwood Cemetery **23d. LOCATION** (City, town, or county) Kansas City (State) Mo.

24. FUNERAL DIRECTOR C. A. Blackmar & Son Inc. **ADDRESS** K. C. Mo. **25. DATE RECD. BY LOCAL REG.** 3-5-57 **26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. C. Rinne

Licensed Embalmer No. 48

P. O. Address K. C., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.