

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021776

STATE FILE NUMBER
2735

FILED JUN 16 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar No.

300
-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>615 W 69 Terr.</i>		Length of stay in 1b <i>60yrs</i>	d. STREET ADDRESS (If outside, give location) <i>615 W. 69th Terr.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>ANNA</i> Middle Last <i>ACE</i>			4. DATE OF DEATH Month <i>May</i> Day <i>28</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 4, 1873</i>	9. AGE (In years) Last birthday <i>85</i>	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) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>--</i>	11. BIRTHPLACE (City and state or country) <i>Toronto Russia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Goodman Katzen</i>		13b. MOTHER'S MAIDEN NAME <i>Ida Hershkowitz</i>		14. NAME OF HUSBAND OR WIFE <i>Harry Ace (deceased)</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>--</i>	17. INFORMANT Address <i>Sol Glass, 615 W. 69th Terr. K.C. Mo</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i> DUE TO (b) <i>arteriosclerosis</i> DUE TO (c) <i>hypertension</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>B. pneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>20 min</i> <i>5 years</i> <i>4201</i>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 <i>Oct 1945</i> to <i>May 28, 1958</i> and last saw her alive on <i>May 28, 1958</i> Death occurred at <i>5:30 PM</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>J. S. Hoffman MD</i>			22b. ADDRESS <i>751 E 63rd St Kc Mo</i>		22c. DATE SIGNED <i>5-29-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
<i>Burial</i>	<i>5/30/58</i>	<i>Mt. Carmel Cemetery</i>	<i>Kansas city, Missouri</i>		
24. FUNERAL DIRECTOR ADDRESS <i>J. P. Louis Funeral Home, K.C., Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>5-30-58</i>	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. S. Hoffman



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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Guy Buffington :
Licensed Embalmer No. 52756 :
P. O. Address. K. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.