

FILED JUN 11 1942

2193

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
In this community 6 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7439 Lydia Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Anna Mary Klein

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 Mr. Bernard Klein 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased: August 18 1863  
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 14/20 If less than one day hr. min.

9. Birthplace: California Missouri?  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

12. Name Peter J. Felder

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Weisler

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Klein

(b) Address 7439 Lydia

17. (a) Removal (b) Date thereof June 3, 1942  
(Burial, cremation, or removal) (City or town) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director O. H. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-3-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2  
year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Pathologist to 1942, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Failure

Coronary Thromboses & MI

Acute Myocardial Infarction

Other conditions: 9/2  
(Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy -----

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? 0  
(City or town) (County) (State)

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

While at work? (Specify type of place) ----- (e) Means of injury -----

23. Signature Dr. [Signature] (M. D. or other) -----

Address [Signature] Date signed -----

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48  
3  
8

**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.....

*A. Hervey Quisenberry*

Licensed Embalmer No.....

*4070  
N.C. Mo.*

P. O. Address.....

**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.**