

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO. **50-044410**
REGISTRAR'S NO. **48**

BIRTH NO.		CODE NO. 68.04		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
1. PLACE OF DEATH a. COUNTY Sarasota		b. STATE Florida		b. COUNTY Sarasota	
d. CITY, TOWN, OR LOCATION Sarasota		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		c. CITY, TOWN, OR LOCATION Sarasota	
d. NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		e. LENGTH OF STAY, IN 16 1 1/2 Wks		d. STREET ADDRESS 5527 N. Lockwood Ridge Rd.	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First ANNIE Middle VIOLA Last MC KENDREE			Month November Day 17 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 23, 1880		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Desota County, Fla.	
13. FATHER'S NAME Oliver Walker			14. MOTHER'S MAIDEN NAME Sarah Baccus		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE <i>[Signature]</i> Address Cape Cod, Mass.	
20d. INJURY OCCURRED WHILE AT WORK <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 Nov. 5, 1960 to Nov. 17, 1960 and last saw her ^{her} _{alive} on Nov 17, 1960 Death occurred at 10:20 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) Deputy M. Cogan, M.D.		22b. ADDRESS Sarasota, Florida		22c. DATE SIGNED 11/18/1960	
23a. BURIAL, CREMATION, REMOVAL, OR OTHER		23b. NAME OF CEMETERY OR CREMATORY Rosemary Cemetery		23c. LOCATION (City, town, or county) (State) Sarasota Fla.	
24. CLERK OR DIRECTOR'S SIGNATURE <i>[Signature]</i> Boale Brothers Funeral Home		25. DATE RECD. BY LOCAL REG. 11-21-60		26. REGISTRAR'S SIGNATURE <i>[Signature]</i> ASTRA BATH SUB	