

CERTIFICATE OF DEATH  
FLORIDA

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

BIRTH NO.		CODE NO. <b>68.04</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
1. PLACE OF DEATH a. COUNTY <b>Sarasota</b>		b. CITY, TOWN, OR LOCATION <b>Sarasota</b>		c. STATE <b>Florida</b> d. COUNTY <b>Sarasota</b>	
d. CITY, TOWN, OR LOCATION <b>Sarasota</b>		c. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. CITY, TOWN, OR LOCATION <b>Sarasota</b> f. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b> (If not in hospital, give street address)		e. LENGTH OF STAY, IN 16 Wks <b>1 1/2</b>		d. STREET ADDRESS <b>5527 N. Lockwood Ridge Rd.</b> ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>ANNIE</b> Middle <b>VIOLA</b> Last <b>MC KENDREE</b>			Month <b>November</b> Day <b>17</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 23, 1880</b>		9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Desota County, Fla.</b>	
13. FATHER'S NAME <b>Oliver Walker</b>			14. MOTHER'S MAIDEN NAME <b>Sarah Baccus</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE <i>[Signature]</i> Address <b>Cape Cod, Mass.</b>	
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 <b>Nov. 5, 1960</b> to <b>Nov. 17, 1960</b> and last saw her <b>alive</b> on <b>Nov 17, 1960</b> Death occurred at <b>10:20 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>Deputy M. Cogan, M.D.</b>		22b. ADDRESS <b>Sarasota, Florida</b>		22c. DATE SIGNED <b>11/18/1960</b>	
23a. BURIAL, CREMATION, REMOVAL, OR OTHER		23b. NAME OF CEMETERY OR CREMATORY <b>Rosemary Cemetery</b>		23c. LOCATION (City, town, or county) (State) <b>Sarasota Fla.</b>	
24. CLERK OR DIRECTOR'S SIGNATURE <i>[Signature]</i> <b>Boale Brothers Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>11-21-60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	