REG'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17505
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2 Registration District No. 399
(b) Township Kaw Primary Registration District No. 100 Registered No. 1907
(c) City K. C. Mo. (d) Street No. 4212 Washington St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME (651) Mrs. Anna Brown
(a) Residence, No. 4212 Washington St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4-1859
7. AGE Years 80 Months 3 Days 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Creighton Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. J. P. Eldridge
(ADDRESS) Wa. 6759 - 5244 E. 49th St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Creighton, Mo. DATE 5-6 39
19. FUNERAL DIRECTOR (NAME) Bentley Guardian
(ADDRESS) 5811 Troost
20. FILED May 7 1939 M. M. Crow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1939 to May 5 1939
I last saw her alive on May 5 1939. Death is said to have occurred on the date stated above, at 1 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	5-4-39
Other contributory causes of importance: Chronic Bronchitis Senility	

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? ....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ....
Nature of injury ....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ....
(Signed) J. Edmondson M. D.
(Address) 714 Bryant Bldg

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 2
SDM-1-3-38 1 X14625

Dr. Earl Donaldson (Bryant Bldg.)
VA 7821 Benton Hotel

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 Guy Buffington

Licensed Embalmer No. 2754

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 this body is not embalmed, above space should be left blank.