

APR 12 1940

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

10184  
Do not use this space.

1. PLACE OF DEATH  
(a) County Buchanan Registration District No. 85  
(b) Township 3 Primary Registration District No. 1001 Registered No. 257  
(c) City St. Joseph, (d) Street No. State Hospital Number Two 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 9 yrs. 5 mos. 17 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME  
630 Anna Brody  
(a) Residence, No. St. Josep. #2. St. Joseph, Mo. Kansas City Mo.  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 2 1

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) Missouri

13. NAME Thomas Brody, FATHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Allie Duncan MOTHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Jessie E. Payne, (ADDRESS) 4511 E. 23, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings Cem, K. Mo. DATE 4 Mar. 6, 1940

19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster, (ADDRESS) 918 Brooklyn, Kansas City, Mo.

20. FILED March 4, 1940 Z. J. Nestlebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4, 1940

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1940, to 3-4, 1940.

I last saw ex. alive on 3-3, 1940. Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia  
Chronic purulent bronchitis  
Chronic myocarditis  
Obesity  
Date of onset 2-28-40  
?

Other contributory causes of importance: Chronic myocarditis, Obesity

Name of operation Date of  
What test confirmed diagnosis? clin Was there an autopsy? Yes

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

(Signed) Sam Wilkum, M. D.  
(Address) State Hospital No. 2, St. Joseph, Mo.

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

50M-9-19-38 I X16603

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.

---

---

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed L. H. Wise

Licensed Embalmer No. #2570

P. O. Address Kansas City, 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.**