

No. 2
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DEPARTMENT OF COMMERCE **FILLED JUN 10 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

17401
2063

Registration District No. 399 Primary Registration District No. 1002 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 617 E. ARMOUR BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 617 E. ARMOUR BLVD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. (58) FIFTY EIGHT 0 years.

3. (a) PRINT FULL NAME ANNIA THERESA MORAN
(b) If veteran, name war No (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1941 hour 6 minute 10 P. M.
21. I hereby certify that I attended the deceased from May 14 - 41
1941, to May 24, 1941;
that I last saw he alive on May 24 - 41, 1941;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: JUNE 21 1866
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration _____
Due to Advanced age
Due to g i n a l
Other conditions U4W
(Include pregnancy within 3 months of death)

8. AGE: Years 74 Months 11 Days 23 If less than one day
hr. _____ min.

Major findings:
Of operations no
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace GLASGOW 4 SCOTLAND
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE

11. Industry or business _____
12. Name JACK BARRY
13. Birthplace 1 SCOTLAND
(City, town, or county) (State or foreign country)
14. Maiden name ANNA T. LYNCH
15. Birthplace 4 IRELAND
(City, town, or county) (State or foreign country)

MOTHER FATHER {
16. (a) Informant MRS DAVENPORT
(b) Address 617 E ARMOUR BLVD
17. (a) Burial (b) Date thereof 5/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. WASHINGTON
18. (a) Signature of funeral director Carroll Swinson
(b) Address 3024 N. 4th Ave
19. (a) May 26 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury 1
While at work _____
23. Signature J. M. McCallum (M. D. or other) FACS
Address 807 Argyle Date signed 5-26-41

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

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

Julian K. Davidson

Licensed Embalmer No. *1168*

P. O. Address *3024 Front*

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.