

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27364

State File No. 3022

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, Six days
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 7114 Lydia
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1941 hour 2:00 P.M. minute M.
21. I hereby certify that I attended the deceased from
8-3-41, 19, to 8-9-41, 19
er 8-9-41, 19
that I last saw her alive on 8-9-41, 19
and that death occurred on the date and hour stated above.

Immediate cause of death:
Bilateral confluent bronchopneumonia

Duration

Due to Hypertensive heart disease with passive congestion of lungs, liver &

Due to spleen

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93A

Of autopsy see above

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. R. Thom (M. D. or other) D
Address Med. Dir. K. C. Gen. Hospital Date signed.....

3. (a) PRINT FULL NAME Mrs. Anna Nancy Brown

3. (b) If veteran, name war No 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Walter H. Brown 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: August 12, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 28 If less than one day hr. min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name T. J. Murphy
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Nancy Scrivner
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bruce Noel
(b) Address 7114 Lydia, Kansas City, Mo.

17. (a) Removal (b) Date thereof 8-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Diagonal, Iowa

18. (a) Signature of funeral director Stine & McClina
(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 8/11/41 (b) M. M. Brown
(Date received by registrar) (Registrar's signature)

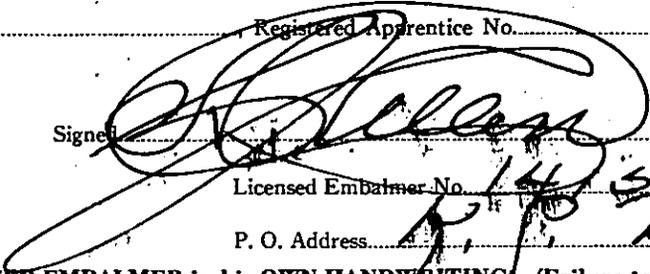
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

28
23
29

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 

Licensed Embalmer No. 1457

P. O. Address 1457

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.