

No. 2
1-5-42
5-17-39
P1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 17 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20181
2546

State File No.

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

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

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 5 days (Specify whether
In this community 71 years years, months or days)

3. (a) PRINT FULL NAME Anna Brockett
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Fred W. 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased September 15, 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name Wm Booker
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Fred W. Brockett
(b) Address 2903 E. 23rd - K.C. Mo.

17. (a) Burial (b) Date thereof 7/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director R. A. Fulton
(b) Address Kansas City, Kansas
19. (a) 2-6-42 (b) M. B. Brown
(Date received local registrar) (Registrar's signature)

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. 2902 East 23rd St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 5th
year 1942 hour 10 min 35 A.M. M.
21. I hereby certify that I attended the deceased from 8-1-42 19... to 7-5-42 19...
that I last saw her alive on 7-5-42 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease with Myocardial insufficiency
Due to Generalized arteriosclerosis
Other conditions (include pregnancy within 3 months of death) 93 D

Major findings: Of operations
Of autopsy None

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) Means of injury 0
23. Signature Dwight R. Johnson (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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(Licensed Embalmer's Statement on Reverse Side)

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.....

M. M. Swisher

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

M. M. Swisher

Licensed Embalmer No.....

3505

P. O. Address.....

K. C. Kansas

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.