

S. No. 2  
-1-4-41  
5-17-39  
PI X226390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20182

State File No. ....

FILED JUL 3 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2418

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: 1914 Poplar  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 56 years  
(Specify whether years, months or days)  
In this community 56 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. 1914 Poplar  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISS ANNA E BROWN

(b) If veteran, name war No (c) Social Security No. 709-09-4264

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 21  
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Blouse Lady

11. Industry or business Pullman Company

12. Name John Brown  
13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Maloney  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Dennis J. Flynn  
(b) Address 1110 Myrtle

17. (a) Burial (b) Date thereof 6/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Durk & Faber Co.  
(b) Address 20 West Linwood

19. (a) 6-23-42 (b) M. N. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22nd day June  
year 1942 hour 12:40 minute A M.

21. I hereby certify that I attended the deceased from 4-10-1942 to 6-22-1942  
that I last saw her alive on 6-20 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure  
Due to Diabetes mellitus  
Due to 61

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 (C)  
23. Signature E. Petry (M. D. or other) M.D.  
Address 300 Argyle Bldg. Date signed 6-23-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

P. O. Address.....

**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.**