S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5344

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1089

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 52 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 8

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3831 Wyandotte
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Mara

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 Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 8 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Syracuse Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Stenographer

11. Industry or business Midland Life Insurance

FATHER
12. Name Thomas Mara
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Bridges
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lydia Olney
(b) Address Tipton Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Tipton Mo

18. (a) Signature of funeral director Frank Tobin
(b) Address 24 H Linwood

19. (a) 3-3-43 (Date received local registrar) (b) M. M. Grover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1943 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 2-13-43, 19, to 3-2-43, 19;
that I last saw her alive on 3-2-43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of right humerus and fracture rt. hip-accidental fall in home 2-13-43 — Duration

Due to 18 Lat

Due to 18

Other conditions Diabetes mellitus; hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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) Acc 125

(b) Date of occurrence 2-13-1943

(c) Where did injury occur? K C. Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home
(Specify type of place)

While at work? (e) Means of injury Fall

23. Signature Drury R. Thom 0 (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(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 .....

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

working under my personal supervision.

Signed Charles M Quirk

Licensed Embalmer No. 3774

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, fact should be so stated above.