

FILED OCT 13 1943

Registration District No. 769

Primary Registration District No. 1007

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Kansas City Convalescent Home 3200 Parkway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 months  
In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2637 Spruce (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs Anna Mahan  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21  
year 1943 hour 9:35 minute 0 M.  
21. I hereby certify that I attended the deceased from 2-31-43  
to 9-21-43, 19\_\_\_\_, to 9-21-43, 19\_\_\_\_;  
that I last saw her alive on 9-20-43  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed  
(b) Name of husband or wife Enoch W Mahan  
6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased June 21 1861  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Due to Arteriosclerosis  
Due to 97  
Other conditions (include pregnancy within 3 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? \_\_\_\_\_

8. AGE: Years 82 Months 3 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Colo Camp Mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation at home

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Friedrich Brunjes  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name no record  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

23. Signature M. H. Lawrence (M. D. or other) \_\_\_\_\_  
Address 2637 Spruce Date signed 9-21-43

16. (a) Informant Enoch B Mahan  
(b) Address 2637 Spruce  
17. (a) Burial (b) Date thereof 9-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Moriah  
18. (a) Signature of funeral director J W Wagner  
(b) Address Kansas City Mo  
19. (a) 9-22-43 (b) T E Brown Dep  
(Date received local registrar) (Registrar's signature)

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

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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 A. R. Hauschild

Licensed Embalmer No. 4159

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.**