

FILED JAN 5 1949
Registration District No.

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: **1809 Myrtle Turner Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **one year** (Specify whether years, months or days)
In this community **one year** (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. **1809 Myrtle** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Anna Mead Bridges**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **John E. Bridges** 6. (c) Age of husband or wife if alive **83** years

7. Birth date of deceased **Aug 10 - 1857**
(Month) (Day) (Year)

8. AGE: Years **86** Months **4** Days **11** If less than one day hr. min.

9. Birthplace **Miss 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Mead**

13. Birthplace **Va 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Taylor**

15. Birthplace **Va 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. E. Fowler**

(b) Address **5623 Locust**

17. (a) **Personal** (Burial, cremation, or removal) (b) Date thereof **Dec 22 43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Seneca Maus**

18. (a) Signature of funeral director **Mrs. C. L. Gwiter**

(b) Address **918 Broadway**

19. (a) **12-22-43** (Date received local registrar) (b) **D. E. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21**
year **1943** hour **12** minute **30** P. M.

21. I hereby certify that I attended the deceased from **About**
May 1942, to **Dec 21** 1943
that I last saw her alive on **Dec 21** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia 2 days**
Chronic Myocarditis
Due to **Old Age**

Due to **932**

Other conditions **mental senile**
(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?

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

23. Signature **J. J. Kamm** (M. D. or other)

Address **1230 Poplar St. K. Mo.** Date signed **12-21-43**

Pratt Browning
Registered 5:00 PM

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 *Pratt C. Browning*

Licensed Embalmer No. *2724*

P. O. Address *H. C. No*

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.