

FILED JUL 24 1944

Primary Registration District No. **1002**

Registrar's No. **2866**

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:
GROSSE NURSING HOME 3918 CHARLOTTE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 YEAR 4**
(Specify whether years, months or days)

In this community **40 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. **2531 JACKSON AVENUE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **---**

3. (a) PRINT FULL NAME **MRS. ANNA BRANN**

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 **MARRIED**

6. (b) Name of husband or wife **MR. THOMAS N. BRANN**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **FEBRUARY 12 - 1882**
(Month) (Day) (Year)

8. AGE: Years **62** Months **5** Days **16** If less than one day hr. min.

9. Birthplace **LEAVENWORTH KANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

MOTHER FATHER { 12. Name **LOUIS L. BRANDT**

13. Birthplace **COPENHAGEN DENMARK**
(City, town, or county) (State or foreign country)

14. Maiden name **SAYACE**

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

16. (a) Informant **MR. THOMAS N. BRANN**

(b) Address **2531 JACKSON AVENUE**

17. (a) **BURIAL** (b) Date thereof **JULY 11 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. WASHINGTON CEM.**

18. (a) Signature of funeral director **O. H. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **7-11-44** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **8TH** year **1944** hour **5** minute **00 A.** M.

21. I hereby certify that I attended the deceased from **1942** to **July 8**, 19**44**, that I last saw her alive on **July 6** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to **Open heart disease**

Due to **Atherosclerosis**

Other conditions **Ch. Intestinal Tryptitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

PHYSICIAN **1310**

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) **✓**

(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 **0 7/8/44**

23. Signature **T. E. Brown** (M. D. or other) **7/8/44**

Address **4800 E. 24th St.** Date signed

12:45:40:00
4800 East 24th Street

OCT 17 1947

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 *E. J. M. M. M.*
Licensed Embalmer No. 1767
P. O. Address 1800 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.