No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23703

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3216

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 E. 43rd St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community sin19 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 1914 E. 43rd St. (If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Anna McCormick

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Frank G.

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Feb. (Month) 18 (Day) 1871 (Year)

8. AGE: Years 75 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Hatfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Richard Wooden
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary J. Osborn
15. Birthplace Bloomington (City, town, or county) Ill. (State or foreign country)

16. (a) Informant R.E.Wooden

(b) Address Kent, Washington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 22, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 7-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1946 hour 12 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov 18 1936 to July 19 1946 that I last saw her alive on July 18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration 3 yrs

Due to Bronchial congestion

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93 d

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S. D. Ramey (M. D. or other) DD

Address 900 Benton Kansas City Date signed 7-21-46

(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 W E Biddlecome

Licensed Embalmer No. 2174

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.