

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **13406**
 Registrar's No. **1866**

FILED MAY 5 1947

Registration District No. **189**

Primary Registration District No. **1002**

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**
 (If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution **3 years 10 months** (Specify whether years, months or days)
 In this community **3 years 10 months**

3. (a) PRINT FULL NAME **Anna Corcoran**

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 **Widowed**
 6. (b) Name of husband or wife **Maurice H. Corcoran** 6. (c) Age of husband or wife if alive **26** years (Month) (Day) (Year)
 7. Birth date of deceased **6-26-1864** (Month) (Day) (Year)

8. AGE: Years **82** Months **7** Days **28** If less than one day hr. min.

9. Birthplace **Oslo** (City, town, or county) **Norway** (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Edwin Jacobson**
 13. Birthplace **Oslo** (City, town, or county) **Norway** (State or foreign country)
 14. Maiden name **Maren Emerson**
 15. Birthplace **Oslo** (City, town, or county) **Norway** (State or foreign country)

16. (a) Informant **Julia E. Gilles**
 (b) Address **4114 Adams St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-26-1947** (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hills**

18. (a) Signature of funeral director **Daniel Brown**

(b) Address **644 Kansas Ave. N.E. Kansas**

19. (a) **4-25-47** (Date received local registrar) (b) **Thelma Holmes** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte** 999
 (c) City or town **Kansas City** 1st
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4114 Adams** (If rural, give location)
 (e) Citizen of foreign country? **unknown** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **24**
 year **1947** hour **9** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **4-7** 19**47** to **4-24** 19**47**
 that I last saw him alive on **4-24** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **12 days**

Due to **Parkinson's disease** ?

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **83 W**
 Of operations
 Of autopsy

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?

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

23. Signature **P. M. Nunn** (M. D. or other) **1401 5th Blvd**
 Address **1401 5th Blvd** Date signed **4-25-47**

(Licensed Embalmer's Statement on Reverse Side)

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

De Munster 1471 3 16 11 11 11

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.....

H. De Munster

Licensed Embalmer No.....

5733

P. O. Address.....

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.