No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 24 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38026

Registrar's No. 4591

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: Northeast Osteopathic Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community 17 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: DeSoto Hotel-714 E 9th 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: MARY ELIZABETH BRADEN

3. (b) If veteran, name war: - no

3. (c) Social Security No.: none

4. Sex: fe 1

5. Color or race: white

6. (a) Single, widowed, married, divorced: wid. 2

6. (b) Name of husband or wife: Frank H.

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

7. Birth date of deceased: April (Month) 11 (Day) 1857 (Year)

8. AGE: Years 90 Months 6 Days ~~22~~ 21 If less than one day hr. min.

9. Birthplace: Brackenridge (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: At home

11. Industry or business:

MOTHER FATHER

12. Name: Robert Stagner 1

13. Birthplace: Louisville (City, town, or county) Ky (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: Hamilton (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant: Mrs. Lotta Swarts

(b) Address: DeSoto Hotel

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-4-1947 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis, Mo.

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

(b) Address: 2825 Independence Blvd.

19. (a) 11-3-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1947 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct-12, 1947 to Nov-2-47, 1947 that I last saw her alive on Nov-2, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	24 hrs
Due to: Cerebral Apoplexy	3 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 8 30
Of autopsy:

PHYSICIAN

Underline the cause of 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: H.W. Thompson (M. D. or other)

Address: 505 Bryant Bldg. Date signed: 11/3/47

Jefferson City Printing Co.

(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 O K McFarland

Licensed Embalmer No. 4397

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.