

No. 300  
1-10-47  
5-17-39  
I 3908

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED APR 17 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12605  
Registrar's No. 1573

Registration District No. 149

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:  
5624 BROOKLYN AVENUE 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 60 YEARS 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. 5624 BROOKLYN AVENUE 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. ANNA R. HANNAH  
3. (b) If veteran, No 3. (c) Social Security No. NONE  
name war \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month APRIL day 7<sup>TH</sup>  
year 1948 hour 1 minute 10 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife MR. DAVID STEWART HANNAH 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUGUST 27 1864  
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Deputy Coroner  
(Include pregnancy within 9 months of death)

8. AGE: Years Months Days If less than one day  
83 7 10 hr. \_\_\_\_\_ min.  
9. Birthplace CHICAGO ILLINOIS  
(City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

Major findings: Of operations \_\_\_\_\_  
Of autopsy History 830  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name UNKNOWN  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. DAVID STEWART HANNAH  
(b) Address 5624 BROOKLYN AVENUE  
17. (a) BURIAL (b) Date thereof APRIL 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation FOREST HILL CEMETERY  
18. (a) Signature of funeral director D.N. Newsom's son  
(b) Address 1401 BRUSH CREEK BLVD.  
19. (a) 4-10-48 (b) Gerardine Holmes  
(Date received local registrar) (Registrar's signature)

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 fall  
23. Signature A.E. Warner (M. D. or D. O.)  
Address 2800 Main Date signed 4/17/48

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

18  
3  
8

**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

*Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address. *K. C. 4 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.**