No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 8 1949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40035

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5210

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

(d) Length of stay: In hospital or institution 27 days (Specify whether
In this community 27 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")

(d) Street No. 4000 Baltimore 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anne Cecil Brown

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Fe 1

5. Color or race W

6. (a) Single, widowed, married, divorced 1 single

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 25 (Day) 1948 (Year)

8. AGE: Years | Months | Days 27 | If less than one day hr. min.

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

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Myron Way
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Edith Anne Brown
15. Birthplace San Angelo (City, town, or county) Texas 1 (State or foreign country)

16. (a) Informant Betty Brown
(b) Address 4000 Baltimore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Twirls + Tobin
(b) Address 20 W Linwood

19. (a) 12-23-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1948 hour 5 minute am M.

21. I hereby certify that I attended the deceased from Dec 21, 1948, 19__, to Dec 22, 1948
that I last saw her alive on Dec 22, 1948, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Gastroenteritis	3 days
Due to unknown	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy Same

1190

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? No (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
M. B. Casebolt (Specify type of place)
While at work? (e) Means of injury 0

23. Signature M. B. Casebolt MD (M.D. or other)
Address 4000 Baltimore K. Cmo Date signed 12-22-48

(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 Howard W. Farmer

Licensed Embalmer No. 4134

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.