

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24546
Do not use this space.

1. PLACE OF DEATH 2

(a) County Jackson Registration District No. 399

(b) Township Kaw Primary Registration District No. 100

(c) City Kansas City (d) Street No. 3636 College Registered No. 2759

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Louise Braden

(a) Residence, No. 3636 College St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. W. Braden

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE	YEARS <u>74</u>	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
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OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 1

FATHER

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) C. O. Braden 3636 College

18. BURIAL, CREMATION, OR REMOVAL PL. Memorial Pk. DATE July 10, 1939

19. FUNERAL DIRECTOR (ADDRESS) Gaylan Funeral Home K. C. Mo

20. FILED July 10, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1939

22. I HEREBY CERTIFY that I attended deceased from May 1936 to July 7, 1939

I last saw her alive on June 6, 1939. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

cerebral apoplexy
hypertension 131

Other contributory causes of importance: Chronic Nephritis

Name of operation None Date of None

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

So, specify _____

(Signed) John P. Lewis M. D.
3546 Indiana (Address)

Date of onset
6-1-39

File 7611

STATEMENT BY LICENSED EMBALMER

I, Chas Wilks, Licensed Embalmer No. 2644

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Chas Wilks

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Chas Wilks

Licensed Embalmer No. 2644

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.)