REC'D SEP 6 1939

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

28145
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON — Registration District No. 399
(b) Township — Primary Registration District No. 1002 — Registered No. 3147
(c) City KANSAS CITY — (d) Street No. 133 S. ELMWOOD St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 362 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANNA E. PATTERSON
(a) Residence, No. 133 S. ELMWOOD St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 26 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): GALENA KANSAS

FATHER
13. NAME: JOHN BREWER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER
15. MAIDEN NAME: ELIZABETH BELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT: MRS FUFUS SHEETS
(ADDRESS) 133 S ELMWOOD

18. BURIAL, CREMATION, OR REMOVAL
PLACE HIGHLAND PARK DATE 8-9- 1939

19. FUNERAL DIRECTOR (NAME) EADS BROS FUNERAL HOME
(ADDRESS) 1416 MINNESOTA K C KANS

20. FILED 8 8 1939 M. M. Crowe
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-7- 1939

22. I HEREBY CERTIFY, That I attended deceased from 5 10, 1939, to 8 7, 1939.
I last saw h. alive on 8 4 1939. Death is said to have occurred on the date stated above, at 2:20 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (2d)	

Other contributory causes of importance: Arterio sclerosis

Name of operation — Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) [illegible], M. D.
(Address) [illegible]

(Licensed Embalmer's Statement on Reverse Side)

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.

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, Orville H Beckwith, or by _____,

Registered Apprentice No._____, working under my personal supervision.

Signed Orville H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City Kansas

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, above space should be left blank.