

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

FORM 1-1931

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.

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH (a) County: Jackson (b) City or town: Kansas City (c) Name of hospital or institution: St. Marys Hospital (d) Length of stay: In hospital or institution 6 days In this community 20 years

2. USUAL RESIDENCE OF DECEASED: (a) State: Missouri (b) County: Jackson (c) City or town: Kansas City (d) Street No.: 3006 E. 24th St. Terrace (e) If foreign born, how long in U. S. A.: No Record years.

3. (a) PRINT FULL NAME: Mrs. Margaret M. Brannan (b) If veteran, name war: No (c) Social Security No.: None

MEDICAL CERTIFICATION 20. DATE OF DEATH: Month Oct day 28th year 1939 hour 6:00 minutes 50 P. M.

4. Sex: Female 5. Color or race: Wh 6. (a) Single, widowed, married, divorced: Widowed 6. (b) Name of husband or wife: J. N. Brannan 6. (c) Age of husband or wife if alive years: 5 1849 7. Birth date of deceased: June (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 22, 1939, to Oct 28, 1939, that I last saw her alive on Oct 28, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 90 Months 4 Days 23 If less than one day hr. min.

Immediate cause of death: pneumonia type 8 strangulated hernia Due to 1, 2 & 3

9. Birthplace: County Limerick Ireland (City, town, or county) (State or foreign country)

Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)

10. Usual occupation: at home 11. Industry or business: 12. Name: No Record 13. Birthplace: 14. Maiden name: No Record 15. Birthplace:

Major findings: Of operations: Of autopsy: Confirmed diagnosis of pneumonia

16. (a) Informant's own signature: Frank B. Woodbury (b) Address: 5730 Michigan (c) Place: burial or cremation: Mt. Washington 17. (a) Burial (b) Date thereof: Oct 31-1939 (c) Signature of funeral director: John W. Wagner (d) Address: Kansas City Mo 18. (a) Signature of funeral director: John W. Wagner (b) Address: Kansas City Mo 19. (a) Date received local registrar: 10/30/39 (b) Registrar's signature: M. M. Crowe

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?: (d) Did injury occur in or about home, on farm, in industrial place, in public place? 23. Signature: Paul P. Stodney (M. D. or other) Address: Date signed: 10-30-39

Duration Physician Underline the cause to which death should be charged statistically.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address.....

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.