

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.

FILED FEB 15 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2103

Registration District No. 197

Primary Registration District No. 5276

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Clay, Gallatin, Liberty
 (b) City or town Liberty
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Broadacres Farm
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NO
 In this community since 1900
 years, months or days 620 (Specify whether)

3. (a) PRINT FULL NAME Mrs. Anna Elizabeth York
 8. (b) If veteran, name war NO
 8. (c) Social Security No. NO

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife Edward C. York
 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased 7 9th 1857
 (Month) (Day) (Year)

8. AGE: Years 83 Months Days If less than one day
 hr. min.

9. Birthplace Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business X

12. Name Anthony H. Arter

13. Birthplace Penn.
 (City, town, or county) (State or foreign country)

14. Maiden name Anna Shotts

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Joseph A. Bruening

(b) Address Broadacres Farm, Liberty, Mo.

17. (a) Burial (b) Date thereof 2-9-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza K. C. Mo.

19. (a) 2/8/40 (b) John A. Norton
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
 (c) City or town Liberty (rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 Broadacres Farm
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. No. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
 year 1940 hour 7 pm minute 00 M.

21. I hereby certify that I attended the deceased from Sept 1, 1938 to Feb 7, 1940
 that I last saw her alive on Feb 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 7 mo

Due to 46

Due to

Other conditions Carcinoma Stomach 1 yr
 (Include pregnancy within 6 months of death)

Major findings: Of operations Lycaria Obstruction 10/38

Of autopsy Carcinoma Stomach
Cystical abscess Left Kidney

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

23. Signature W. A. Norton M.D. (M. D. or other)

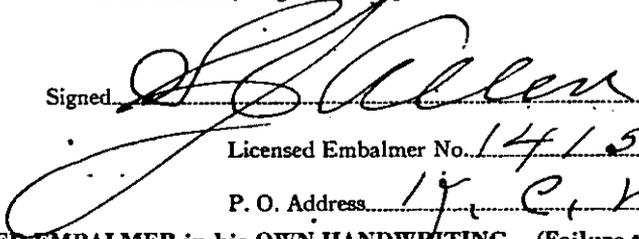
Address Liberty, Mo. Date signed 2/8/40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/8/40

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 

Licensed Embalmer No. 1415

P. O. Address 17, C. M. O.

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.