. 2
0-39
-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17646

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2173

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kan City 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ben Mon 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mon (Specify whether)

In this community 10 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1721 E. 17th St Terrace
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ANNA McKINSEY MOORE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5 (Month) 14 (Day) 1890 (Year)

8. AGE: Years 49 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Maid

11. Industry or business ✓

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Pitts
15. Birthplace Birmingham (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Mc Adry
(b) Address 2462 Brookline

17. (a) Blue Ridge (Burial, cremation, or removal) (b) Date thereof 5 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City Mo.

18. (a) Signature of funeral director Ideal Fun. Home
(b) Address 1469 E. 42nd

19. (a) May 27 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11 year 1940 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____; that I last saw h[illegible] alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Chronic Fibrous Myocarditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 92C

Major findings:
Of operations _____

Of autopsy _____

Duration

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Russell Wilcox (M. D. or other)
Address Pelham Date signed _____

(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.....

Licensed Embalmer No. 3388

P. O. Address K. C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.