

AUG 14 1940

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 3215 Central  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 53 years  
In this community 53 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Elizabeth Biersmith

3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Fe  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward L. Biersmith  
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased October 19 1864  
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 23  
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Thomas C. Brody

13. Birthplace Ireland  
(State or foreign country)

14. Maiden name NO RECORD

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

16. (a) Informant's own signature E. L. Biersmith

(b) Address 3215 Central

17. (a) Burial (b) Date thereof 7-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) July 12, 1940 (b) M. M. Grouse  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3215 Central  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 105 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th  
year 1940 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 1939 to July 12 1940  
that I last saw h. l. a. alive on July 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (Rt & left lower)  
Duration 2 days

Due to Cancer of Bladder 1 yr

Due to 53

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 S. B. ... (M. D. or other)

Address 226 ... Date signed 7-12-40

X18311

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.

MOTHER FATHER

Dr. Sherman Hubbard

Lathrop Bg

VI 0917

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**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 A. R. Haenschild

Licensed Embalmer No. 4159

P. O. Address K. e. Mo

**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.