No. 2
11-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1087

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3241 Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 2 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3241 Wabash
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Brooks, Mrs. Fanny Stanford
BROOKS/MRS. FANNY STANDEFORD

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept 9 (Month) 1878 (Day) (Year)

8. AGE: Years 62 Months 3 Days 26 If less than one day — hr. min.

9. Birthplace Dexter (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business —
FATHER
12. Name David E. Standeford
13. Birthplace Clearvillage (City, town, or county) Ky (State or foreign country)
MOTHER
14. Maiden name Elizabeth Smith
15. Birthplace Unknown (City, town, or county) — (State or foreign country)
16. (a) Informant A. D. Standeford
(b) Address 1022 Cherry St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Suddenths
(b) Address 6900 Troost KC Mo
19. (a) Jan 5, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th
year 1941 hour 3.35 minute P M.

21. I hereby certify that I attended the deceased from Nov 6, 1940, to Jan 4, 1941;
that I last saw her alive on Jan 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Squamous Cell Carcinoma of uterus with
Due to metastasis to bladder and retroperitoneal
Due to glands.
Other conditions Uterine & bladder Hemorrhage
(Include pregnancy within 3 months of death)
Major findings:
Of operations 48 b
Of autopsy Carcinoma of uterus

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) No
(b) Date of occurrence No
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)
While at work? None (e) Means of injury None

23. Signature J H Jennett (M. D. or other) MD
Address 1318 Bryant Bldg KC Mo Date signed 1-4-41

(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 Howard J. Roe

Licensed Embalmer No. 2748

P. O. Address 1324 E. 36.

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

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