

FILED NOV 16 1942

Registration District No. 157

Primary Registration District No. 5575

Registrar's No. 48

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: **8230 Euclid**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **11 YRS.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Anna Neff**

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**

6. (b) Name of husband or wife **John Neff** 6. (c) Age of husband or wife if alive **14, 1855** years

7. Birth date of deceased **February 14, 1855**
(Month) (Day) (Year)

8. AGE: Years **87** Months **8** Days **17** If less than one day .hr. .min.

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

10. Usual occupation **At Home**

11. Industry or business

12. Name **Larkin Brown**

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

14. Maiden name **Katy Helen**

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

16. (a) Informant **Mrs. Katie Bailey**

(b) Address **8230 Euclid**

17. (a) **burial** (b) Date thereof **11/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

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

(b) Address **3235 Gillham Plaza**

19. (a) **Nov 4 42** (Date received local registrar) (b) **[Signature]** (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. **8230 Euclid**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31st** year **1942** hour **2:00** A.M. minute M.

21. I hereby certify that I attended the deceased from **Oct. 20, 1942** to **Oct. 31, 1942**
that I last saw **her** alive on **Oct. 31, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Old age**
General debility
Due to **Chronic Bronchitis**
& Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **121h**
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) (c) Means of injury
23. Signature **[Signature]** (M. D. or other) **[Signature]**
Address **80 - 4 - P. 100** Date signed **11/14/42**

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

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38254

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809 Passes

2 25 5 Monday

Dr. Geo. Jones

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 E. M. Clark

Licensed Embalmer No. 1845

P. O. Address T. C. 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, fact should be so stated above.