

FILED MAY 5 1943 149

Registration District No. **149**

Primary Registration District No. **1602**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **1308 Troost**
(d) Length of stay: In hospital or institution **25 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **1308 Troost**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Mayme Bright**
(b) If veteran, name war **No**
(c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **12** year **1943** hour **12** minute **0** M.

4. Sex **Female** Race **White**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Amos E. Bright**
6. (c) Age of husband or wife if alive **60**
7. Birth date of deceased **May 19-1885**

21. I hereby certify that I attended the deceased from **March 23**, 1943, to **April 12**, 1943;
that I last saw her alive on **April 12**, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death **Bronchopneumonia** Duration

8. AGE: Years **57** Months **4** Days **23** If less than one day

Due to **Cerebral Hemorrhage**
Due to **830**
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Newton Kansas**

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Wm. Riley**

13. Birthplace **Ireland**

14. Maiden name **Anna Berner**

15. Birthplace **Ireland**

16. (a) Informant **Mr. Amos E. Bright**

(b) Address **1308 Troost**

17. (a) **Burial** (b) Date thereof **4-14-43**

(c) Place: burial or cremation **Mt. St. Marys**

18. (a) Signature of funeral director **Mrs. R. P. Foster**

(b) Address **R.P. No.**

19. (a) **4-13-43** (b) **M. M. Crown**

Major findings: Of operations
Of autopsy **No**

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?
(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 **Edward E. Feibel** (M. D.)
Address **730 Argyle by R.R.** Date signed **April 13/43**

PHYSICIAN
Underline the cause to which death should be charged statistically.

