

V. S. No. 2
100M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1944
Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9786
State File No. _____
Registrar's No. 1266

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City mo
(c) Name of hospital or institution: none 1400 E. 28th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 3
(c) City or town Kansas City mo 8
(d) Street No. 1400-E 28th 28th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA C. FARNEY
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female 5. Color of hair White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife A.C. FARNEY
6. (c) Age of husband or wife if alive _____ years
7. Birth date of decease April 20 - 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar. day 19 -
year 1944 hour 1:05 minute P. M.
21. I hereby certify that I attended the deceased from Jan 1 - 1944 to Mar 19 - 1944
that I last saw her alive on March 19 - 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 64-65 Months 10 Days 29 If less than one day _____ hr. _____ min.
9. Birthplace Wellwood Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
12. Name J.J. Williamson
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Francis Gray
15. Birthplace Illinois
(City, town, or county) (State or foreign country)
16. (a) Informant Florence Belcher
(b) Address 410 Kensington K.C. mo
17. (a) Burial (b) Date thereof 3-22-44
(Burial, cremation, or reposal) (Month) (Day) (Year)
(c) Place: burial or cremation McWashington Bur
18. (a) Signature of funeral director Winton Funeral Home
(b) Address Mo Kan city mo
19. (a) 3-21-44 (b) D.C. Brown
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral Hemorrhage Duration 10 hr
Cerebral Hemorrhage
with hypertension 5 yrs
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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

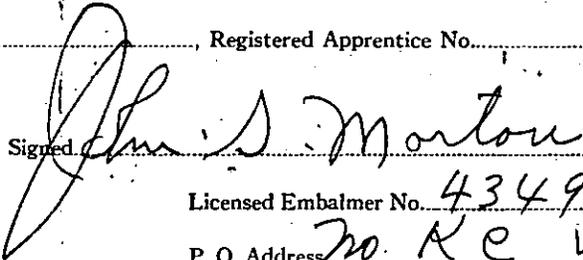
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. J. Williamson (M.D. or other)
Address McJoseph Hospital Date signed 3-28

1944

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. 4349

P. O. Address No. R C via

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.