S. No. 2
OM—5-43
v. 5-17-39
I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5081

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 810

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~~: K.C. GENERAL HOSPITAL NO 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1-HOUR (Specify whether
In this community 21 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 4Y
(If outside city or town limits, write "RURAL")
(d) Street No. 3825 - CAMPBELL STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME MRS CELESTIA PRICE BRANN
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or ~~wife~~ MR. ANDREW V. BRANN
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased NOVEMBER 23 1885 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	2	24	hr. min.

9. Birthplace ST. JOSEPH (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business --
FATHER
12. Name CYRUS SMITH
13. Birthplace (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name UNKNOWN BAXTER
15. Birthplace (City, town, or county) unknown (State or foreign country)
16. (a) Informant MR ANDREW V. BRANN
(b) Address 3825 - CAMPBELL STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB-20-1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEM
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 2-19-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 17TH year 1945 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from Coroner, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Arterio-sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 a

Major findings:
Of operations History & Inspection
Of autopsy no

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature James C Walker (M. D. or other) 3 Corner
Address 1424 Pro Fin Bldg Date signed 2-18-45

(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. Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address. K 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.