

FILED 00623 1945
Registration District No.

Primary Registration District No. 5572

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emg. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 806 North Spring
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNA MORAN

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

4. Female 5. Color or race wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Moran 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased June 5 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Kirksville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Anderson Eisehart
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Jane Bramler
15. Birthplace unkingon
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Della Dickerson
(b) Address pt 3 Under MO

17. (a) Burial (b) Date thereof Sept 15 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Pitt + Mitchell

(b) Address Independence Mo

19. (a) 9/17/45 (b) Joe [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13th
year 1945 hour 2 minute 40 P.M.

21. I hereby certify that I attended the deceased from Aug 23 1945 to Sept 13 1945
that I last saw her alive on Sept 13 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation
Due to hypertensive cardiac vascular disease

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations None
Of autopsy None

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)
(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) Means of injury

23. Signature [Signature] (M. D. or D. O.)
Address 100 Plaza Med Bldg (City, State, and Zip)

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

MOTHER, FATHER

1001

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed Henry J. Mitchell

Licensed Embalmer No. 3995

P. O. Address Indep. 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.