S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 30 1947
Registration District No. 197

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20886
Registrar's No. 2645

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: 1028 W. 71st TERRACE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 74 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1028 W. 71st ST. TERRACE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME ELIZABETH DAHL
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 WIDOWED
6. (b) Name of husband or wife MR. JACOB A. DAHL
6. (c) Age of husband or wife if alive ---- years
7. Birth date of deceased MAY (Month) 15 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	1	2	hr. min.

9. Birthplace PITTSBURG (City, town, or county) PENNSYLVANIA (State or foreign country)
10. Usual occupation ----
11. Industry or business AT HOME
FATHER
12. Name MICHAEL BRANGAN
13. Birthplace DUBLIN (City, town, or county) IRELAND (State or foreign country) 4
MOTHER
14. Maiden name MARY ANN BUSTEED
15. Birthplace DUBLIN (City, town, or county) IRELAND (State or foreign country) 4
16. (a) Informant MISS BESS M DAHL
(b) Address 1028 WEST 71st ST. TERRACE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 20 1947 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 6-19-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17TH year 1947 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from March 2, 1947, to June 17, 1947 that I last saw h..... alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	4 days
right hemiplegia	4 days
Due to Arteriosclerosis	20 yrs
Due to Thrombosis Rt popliteal artery	3 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

83 b

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 0
23. Signature Herbert Tuthill (M. D. or other) 1
Address 1211 Rialto Bldg Date signed June 18-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Death Bly.

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 John E. Praking, Registered Apprentice No. 504, working under my personal supervision.

Signed E. Oscar Hawthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.