S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1544

FILED JAN 19 1948

Registration District No. 8x 155 Primary Registration District No. 3127 Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 841 N. Oak /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 64 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City, Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 841 Oak 2
(If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Anna Good

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August (Month) 18 (Day) 1851 (Year)

8. AGE: Years 96 Months 4 Days 17 If less than one day ..... hr. ..... min.

9. Birthplace Harrisonburg (City, town, or county) Virginia / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Jacob Brenneman
13. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

MOTHER
14. Maiden name Catherine Shank
15. Birthplace ..... (City, town, or county) Virginia / (State or foreign country)

16. (a) Informant Ester Good
(b) Address Webb City, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 7 /48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ xxx Pennsylvania Cem. Hesston Kansas

18. (a) Signature of funeral director Johnston-Arnce Simpson
(b) Address 26 S. Roane Webb City Mo

19. (a) JAN 7; 1948 (Date received local registrar) (b) [signature] (Registrar's signature) 137

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1948 hour 6: minute 40 P M.

21. I hereby certify that I attended the deceased from 4-15- 1947, to 1-6- 1948
that I last saw her alive on 1-3- 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 P

PHYSICIAN — Underline the cause of 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 C. F. Gregory (M. D. or other) Yes

Address Webb City, Mo Date signed 1/7/48

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

48-1-2

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City · 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.