

No. 2  
-1/47  
5-17-39

National Office of Vital Statistics  
**FILED MAR 27 1948**  
Registration District No. **149**

Primary Registration District No. **1002**

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

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: **General Hospital No. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 days**  
(Specify whether)

In this community **60 YRS.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3922 Indiana**  
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **Fannie Brown**

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 **Unknown**

6. (c) Age of husband or wife if alive **8** years (Month) (Day) (Year) **OCT 8 1896**

7. Birth date of deceased

8. AGE: Years **71** Months **25** Days **9** If less than one day **hr. min.**

9. Birthplace **NEVADA MO.** (City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business

12. Name **DANIEL G. BERT**

13. Birthplace **IOWA** (City, town, or county) (State or foreign country)

14. Maiden name **AMANDA CONNIE**

15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **MRS. JOSEPH MANUS**

(b) Address **39420 81 WENDRICKY**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **3-19-48** (Month) (Day) (Year)

(c) Place: **FOREST HILLS - MARY'S CEM**

18. (a) Signature of funeral director **STINE & McCLURE**

(b) Address **3255 G. ILLHAM PLAZA**

19. (a) **3-18-48** (Date received local registrar) (b) **Steraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17** year **1948** hour **6** minute **30 AM**

21. I hereby certify that I attended the deceased from **March 9**, 19 **48**, to **March 17**, 19 **48** that I last saw her alive on **March 17**, 19 **48** and that death occurred on the date and hour stated above.

Duration

Immediate cause of death **Carcinoma of cervix uteri with extension to bladder**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **480**

Major findings: Of operations

Of autopsy **See above**

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. Signatures **Wm J. Hart** (M. D. or other) **JMA**

Address **Med. Dir. Gen'l Hosp** Date signed **3-17-48**

Dr. Barry

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 \_\_\_\_\_

*Max E. Meyer*

Registered Apprentice No. *49*

working under my personal supervision.

Signed \_\_\_\_\_

*J. Clair Sheppard*

Licensed Embalmer No. *4179*

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.