

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43688

State File No. \_\_\_\_\_

3008

5508

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|  |                           |  |   |
|--|---------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |                           | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |   |
| c. LENGTH OF STAY (in this place) <u>70 yrs.</u>   |                           | d. STREET ADDRESS (If rural, give location) <u>1028 W. 71 Terrace</u>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1028 W. 71 Terrace</u>  |                           | d. STREET ADDRESS (If rural, give location) <u>1028 W. 71 Terrace</u>  |   |
| 3. NAME OF DECEASED<br>a. (First) <u>Mary</u>  |                           | b. (Middle) <u>Ann</u>   |   |
| c. (Last) <u>Brangan</u>   |                           | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1949</u>   |   |
| 5. SEX <u>F</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   | 8. DATE OF BIRTH <u>August 15, 1859</u>                 |
| 9. AGE (In years last birthday) <u>90</u>  |                           | 10. MONTHS <u></u>   | 11. DAYS <u></u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>  | 11. BIRTHPLACE (State or foreign country) <u>Kansas</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |                           | 13. FATHER'S NAME <u>Michael Brangan</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>Mary Rustin</u>   |                           | 14. NAME OF HUSBAND OR WIFE <u>--</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                           | 16. SOCIAL SECURITY NO. <u>None</u>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Bess M. Dahl</u>   |                           | ADDRESS <u>1028 W 71 Terrace</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                               |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u><br><u>much improved</u><br>ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (b) <u>Influenza + pneumococcal infection</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS:<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Several Varicous thromboses pt arm - ext jug + left leg</u> |   |
| INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u>  |                           | INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>  |   |
| 19a. DATE OF OPERATION   |                           | 19b. MAJOR FINDINGS OF OPERATION <u>no oper</u>  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |                           | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>  |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |                           | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |                           | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 21f. HOW DID INJURY OCCUR?   |                           | 21f. HOW DID INJURY OCCUR?   |   |
| 22. I hereby certify that I attended the deceased from <u>Nov 5, 1949</u> , to <u>Dec 28, 1949</u> , that I last saw the deceased alive on <u>Dec 27, 1949</u> , and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above. |                           |  |   |
| 23a. SIGNATURE <u>Herbert Tutthill M.D.</u>  |                           | 23b. ADDRESS <u>1211 Realts Bldg K.C. Mo</u>   |   |
| 23c. DATE SIGNED <u>Dec 29-49</u>  |                           | 23c. DATE SIGNED <u>Dec 29-49</u>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                           | 24b. DATE <u>12-29-49</u>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>  |                           | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>   |   |
| DATE REC'D BY LOCAL REG. <u>12-29-49</u>   |                           | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine &amp; McClure</u>  |                           | ADDRESS <u>Kansas City, Missouri</u>   |   |

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

March 13, 1919.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address T.P. 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.