

FILED NOV 2 - 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
4466

Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <i>Jackson</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1003 Prospect Ave.</i> | | Length of stay in lb <i>37 YEARS 3</i> | STREET ADDRESS (If outside, give location) <i>1003 Prospect Avenue</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <i>ANNA</i> Middle <i>CHRISTINE</i> Last <i>BROWN</i> | | | 4. DATE OF DEATH Month <i>October</i> Day <i>10</i> Year <i>1956</i> |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>white</i> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>OCT. 7, 1892</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i> | 9. AGE (In years last birthday) <i>64</i> IF UNDER 1 YEAR Months Days Hours Min. |
| 11. BIRTHPLACE (City and state or country) <i>BREMEN Germany</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13. FATHER'S NAME <i>SCHENK</i> | | 14. MOTHER'S MAIDEN NAME <i>unknown</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i> | | 16. SOCIAL SECURITY NO. <i>NONE</i> | 17. INFORMANT <i>Mr. Edwin W. Bartlett</i> Address <i>Parkville, Mo-</i> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Thrombosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Atherosclerosis & Coronary Sclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <i>Anemia, senility</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>4-6 hrs.</i> <i>7-10 yrs.</i> <i>15-20 yrs.</i> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY- Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
| 21. I attended the deceased from <i>Oct. 10, 1956</i> , to <i>Oct. 10, 1956</i> and last saw her last alive on <i>Oct. 10, 1956</i> Death occurred at <i>3:00 P. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>William P. Adams, D.O. 2</i> | | 22b. ADDRESS <i>1145 Prospect, N. C. Mo.</i> | 22c. DATE SIGNED |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i> | 23b. DATE <i>OCT-15-1956</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>FOREST HILL ABBEY</i> | 23d. LOCATION (City, town, or county) (State) <i>KANSAS CITY MISSOURI</i> |
| 24. FUNERAL DIRECTOR <i>D.W. NEWCOMER'S SONS</i> | | ADDRESS <i>1321 Brush Creek</i> | 25. DATE RECD. BY LOCAL REG. <i>10-15-56</i> |
| | | 26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i> | |

(Licensed Embolmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be, casually related. Doctor, coroner, etc. must use only standard nomenclature in Part I.

WILLIAM P. ADAMS
MEDICAL CERTIFICATION

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.....
Signature of Student Embalmer

Signed..... Basil V. Hone

Licensed Embalmer No. 47

P. O. Address..... K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.