

REC'D SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27931
Do not use this space.**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3242
 (c) City Kansas City (d) Street No. 3024 Olive Street St.
 (e) Length of residence in city or town where death occurred 55 (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rufus Hezekiah Brainerd 656
 (a) Residence, No. 3024 Olive Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora C. Brainerd		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1856		
7. AGE YEARS 81	MONTHS 9	DAYS 22
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stage	
	9. Industry or business in which work was done, as saw mill, bank, etc. Electrician	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Ohio		
FATHER	13. NAME Orin N. Brainerd	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know	
MOTHER	15. MAIDEN NAME Don't Know	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know	
17. INFORMANT (ADDRESS) Arthur T. Brainerd 1216 Broadway		
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill	DATE 8-15-38	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Freeman Mortuary Kansas City, Missouri		
20. FILED Aug 16 1938 M. M. Cronin	Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-14-38** 19

22. I HEREBY CERTIFY, That I attended deceased from **Jan 30 1938** to **Aug 14 1938**
 I last saw h. in alive on **Aug 14 1938** Death is said to have occurred on the date stated above, at **8:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis and Tubercular edema. Date of entry **1938**

Other contributory causes of importance:
Chronic Myocarditis 9
Arteriosclerosis. 7

Name of operation **None.** Date of.....
 What test confirmed diagnosis? **Feb.** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify.....
 (Signed) **Ch. P. Polovich** **3 x D.O.**
 (Address) **509 Bryant Bldg.**

The Paulovich

509 Broadway

St. Paul, Minn.

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,

Joseph Freeman, or by

Registered Apprentice No., working under my personal supervision.

Signed

Joseph Freeman

Licensed Embalmer No.

2939

P. O. Address

Kansas 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, above space should be left blank.