

REC'D JUN 8 1939

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

17813
Do not use this space.

2215

1. PLACE OF DEATH
 (a) County JACKSON Registration District No. _____
 (b) Township Kaw Primary Registration District No. _____
 (c) City KANSAS CITY (d) Street No. ST JOSEPHS HOSPITAL St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME MRS CATHERINE M BRASEL
 (a) Residence, No. 2824 Olive St., 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LOUIS N.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 13 1909

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>30</u>	<u>1</u>	<u>16</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as saw mill, bank, etc. _____

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) ALABAMA

FATHER

13. NAME J F HALES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA

MOTHER

15. MAIDEN NAME ALICE GRADEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALABAMA

17. INFORMANT LOUIS M BRASEL
(ADDRESS) 2824 OLIVE ST

18. BURIAL, CREMATION, OR REMOVAL PLACE HIGHLAND PARK DATE 5-31- 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) EADS BROS. FUNERAL HOME
1416 MINNESOTA AVE K C KANS

20. FILED May 29 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 29 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939, to May 29 1939
 I last saw him alive on May 19 1939 Death is said to have occurred on the date stated above, at 5:23 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Vegetative Endocarditis
1450
 Other contributory causes of importance:
Karyolysis Streptococcus
Septicemia
General Septicemia
Delirium Apr 11 M
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Phic Was there an autopsy? Yes

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? _____
 If so, specify _____
 (Signed) Howard Kye M. D.
 (Address) 214 W. Wallman Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50141-1 X14028

FEB 23 1954

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,

Orville H. Beckwith

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *Orville H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Kansas City Kansas*

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.