

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24412

Registration District No. 399

Primary Registration District No. \_\_\_\_\_

Registrar's No. 3052

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (c) Name of hospital or institution 489 Wallace  
 (d) Length of stay: In hospital or institution 12 YRS.  
 In this community 12 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (d) Street No. 489 Wallace  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME PANSYE LOWES BRINER

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ray O. Briner 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov. 29 1899

8. AGE: Years 42 Months 8 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Chanute Kansas

10. Usual occupation at home GENERAL

11. Industry or business \_\_\_\_\_

12. Name Dylan A. Harten

13. Birthplace Columbus Ohio

14. Maiden name Edelaine Tomlinson

15. Birthplace Stewart Iowa

16. (a) Informant's own signature Ray O. Briner

17. (a) Burial (b) Date thereof Aug. 1, 1940

18. (a) Signature of funeral director M. M. Crowe

19. (a) July 31 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1940 hour 3:35 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from April, 1938, to July 30, 1940, and that I last saw her alive on July 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration  
Hypostatic pneumonia 2 days  
 Due to Chronic glomerulonephritis 4 yrs  
 Due to pyelitis - bilateral 2 yrs

Other conditions 131  
 (Include pregnancy within 5 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_

Of autopsy none

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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature F. W. Thompson M. D. or other \_\_\_\_\_

Address 1210 Chambers Date signed 7/31/40

WHILE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

PHYSICIAN  
 Underline the cause to which death should be charged statistically

Relief A.C. MO

Dr. Dudwick W.  
4 Tom pover  
Chambers Bldg.

11756

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.....

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

Signed Ralph E. Miller  
Licensed Embalmer No. 4124  
P. O. Address Independence, 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.