S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27275

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2933

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days (Specify whether
In this community 40 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7328 Brooklyn Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Mrs. Ella Miller Bremer

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Willia m C. Bremen
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased February (Month) 28 (Day) 1871 (Year)

8. AGE: Years 70 Months 5 Days 5 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
10. Usual occupation At Home
11. Industry or business -------

FATHER
12. Name Unknown Miller
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Miss Gracia D. Bremer
(b) Address 7328 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8/4/41. (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1941 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 7-21-41, 19..., to 8-2-41, 19...; that I last saw her alive on 8-2-41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia-Rt from Cerebral Embolus	2 weeks
Due to Hypertension-Arteriosclerotic Cardiovascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Parietal-occipital brain softening. Arteriosclerosis	

93d

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M D
Address 924 Prof Bldg Kans City Mo Date signed 8-3-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank B. Leity
6832 Locust

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.