

FILED AUG 17 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23303

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2986

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:  
1317 Askew Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 53 Years  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1317 Askew Avenue  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7  
year 1942 hour 4 minute 00 P.M.  
21. I hereby certify that I attended the deceased from 6-6-1942  
to Aug-7-1942  
that I last saw him alive on Aug-7-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Diabetes Mellitus.  
Arteriosclerosis. Senility.  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

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

3. (a) PRINT FULL NAME Mrs. Blanch Brinkley

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frank Brinkley 6. (c) Age of husband or wife if alive 15 years

7. Birth date of deceased: November 15 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 22-28 If less than one day hr. min.

9. Birthplace Plainfield Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name John T. Lewis

13. Birthplace Watertown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Keen

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles V. Brinkley  
(b) Address 4430 Montgall Avenue

17. (a) Burial (b) Date thereof August 10, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. J. Newsome, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-8-42 (b) D. M. Grove  
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Vester Parr Vester Parr (M. D. or other)  
Address Kansas City, Mo. 8-8-42 Date signed

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

48  
33  
8

48  
8

361

*Dr. Victor Pass  
Lois Blly*

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**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..... *C. Hervey Quisenberry*  
Licensed Embalmer No..... *4070*  
P. O. Address..... *K C 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.**