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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED SEP 3 1942

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Willows Hospital - 2929 Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs 10 min
(Specify whether years, months or days)
In this community 5 hrs 10 min
(Month) (Day) (Year)

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")
Street No. 2929 Main St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? born here 0 years.

3. (a) PRINT FULL NAME

Faye Brunswig

3. (b) If veteran, name war

babe

3. (c) Social Security No.

babe

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced babe

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 18 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>5 hr. 10 min.</u>

9. Birthplace Kansas City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elsie Brunswig

15. Birthplace Haigler Nebr
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. T. Van Hel
(b) Address 2929 Main - Willows

17. (a) Burial (b) Date thereof Aug. 21-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 8-20-42 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
year 1942 hour 4:30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Aug 18
19 42 to August 19 42 19 _____

that I last saw her alive on Aug 19 1942 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death
Prematurity 6 1/2 mo
Encephalitis of mother

Duration

Due to 59

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature W. T. Van Hel (M. D. or other)
Address 1103 Grand Ave Date signed 8-19-42

WRITE 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.

REV. 6-17-39
U.S. GOVERNMENT PRINTING OFFICE: 1938

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.....

Licensed Embalmer No.....

P. O. Address.....

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.