

SEP 7 1943 149  
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 hours  
(Specify whether years, months or days)

In this community 6 years

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. 3710 East 26th Street  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sherryl Patricia Brehm

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced child

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 12 1937  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>6</u>	<u>1</u>	<u>7</u>	hr. _____ min.

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

10. Usual occupation school child

11. Industry or business X

12. Name Theodore Brehm

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

14. Maiden name Lona Mae Morris

15. Birthplace Weston Okla.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lona Mae Brehm

(b) Address 3710 East 26th

17. (a) Burial (b) Date thereof 8-23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director BENTLEY MORTUARY

(b) Address 5811 Troost

19. (a) 8-23-43 (b) T. C. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 19 year 43 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from Requity to Coroner, 1943; that I last saw him alive on \_\_\_\_\_, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Shock

Due to 2 Degree Burns

Due to 1/2 Body Surface

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1875

Of operations \_\_\_\_\_

Of autopsy See Above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident, 123

(b) Date of occurrence August 18, 1943

(c) Where did injury occur? Kansas City Jackson Mo  
(City or town) (County) (State)

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

While at work? No (Specify type of place) \_\_\_\_\_

Means of injury: Fire

23. Signature A. E. Cooper (M. D. or other) \_\_\_\_\_

Address 23 McCoy Date signed 8/23/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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..... *Guy T. Suffington* .....  
Licensed Embalmer No..... *2756* .....  
P. O. Address..... *1 C 110* .....

**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.**