

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40850

State File No.

5339

FILED JAN 3 1944 149

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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

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, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 days
(Specify whether years, months or days)

In this community 55 years,

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. 4017 Chestnut ⁸
(If rural, give location)

(e) Citizen of foreign country? X (Yes or No)

If yes, name country X ⁰

3. (a) PRINT FULL NAME Mrs. Mary Kirtley Brasher

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1943 hour 1:10 minute P. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ezra Smith Brasher

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

7. Birth date of deceased October 4 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 11 1943 to Dec 16 1943
that I last saw her alive on Dec 15 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>02</u>	<u>12</u>	hr. min.

Immediate cause of death Leukemia Leukemia ^{1 yr or more}

9. Birthplace Missouri ⁰
(City, town, or county) (State or foreign country)

Due to 746

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation at home,

11. Industry or business X

Major findings:
Of operations _____
Of autopsy _____

12. Name Cave Kirtley

13. Birthplace Kentucky ¹
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

14. Maiden name Unknown, ⁷
(City, town, or county) (State or foreign country)

15. Birthplace Unknown, ⁷
(City, town, or county) (State or foreign country)

16. (a) Informant George K. Brasher,

(b) Address 621 W. 68th Ter., Kansas City, Mo.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

23. Signature Sam R. Ferris (M. D. or other) ¹²⁻¹⁷⁻⁴³
Address 934 Quigley Bldg Date signed _____

19. (a) 12-17-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

934
Dr. Carl Farris
Apprentice Embalmer
2 P.M.

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: *John L. Hurley*
Licensed Embalmer No. *4050*
P. O. Address: *Kansas City, 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.