

FILED FEB 10 1944

Registration District No. 149

Primary Registration District No. 1002

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:
3515 PASEO - APT. #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 YEARS 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. 3515 PASEO - APT. #1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. AGNES DEWEY M^{rs} BRIAN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. WILLIAM L. M^r BRIAN 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased DECEMBER 21, 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 2 If less than one day hr. _____ min. _____

9. Birthplace CONCORDIA KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name ARTEMUS DEWEY

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

14. Maiden name LEAH CHRISTIE

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

16. (a) Informant William McBrian

(b) Address 3515 Paseo

17. (a) BURIAL (b) Date thereof JAN 26 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park - MO

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 BRUSH GREEN BLYD.
(c) JAN 24 1944 (Registrar's signature) Beaver
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 23rd
year 1944 hour 2 minute 45 P. M.

21. I hereby certify that I attended the deceased from June, 1942, to 1-18, 1944
that I last saw h^e alive on 1-18, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 1 wk.

Due to Heart Trouble 6 mos.

Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None gta

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) None

(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? None

(Specify type of place) _____

(a) Signature of physician W. H. Newcomer's Sons (b) Date of signature 1/24/44

(c) Signature of registrar Beaver (d) Date signed 1/24/44

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

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. *4043*

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.