

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5963
Registrar's No. 572

Registration District No. 149 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution K.C. General Hospital
(d) Length of stay: In hospital or institution 4 hours
In this community 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 405 N. Wheeling
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME JOHN W. BRUSH
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 3, year 1944 hour 5: minute 30 P.M.
21. I hereby certify that I attended the deceased from
that I last saw h. Deputy to Coroner
and that death occurred on the date and hour stated above.

4. Sex Ma
5. Color or race Wh
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Leah Brush
7. Birth date of deceased February 10 1875

Immediate cause of death
Acute Coronary Occlusion

8. AGE: Years Months Days If less than one day
68 11 23

Duration
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

9. Birthplace Bevier Mo.
10. Usual occupation Retired Farmer

11. Industry or business
12. Name No Record
13. Birthplace Bevier Mo.
14. Maiden name No Record
15. Birthplace Bevier Mo.

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

16. (a) Informant A. E. Brush
(b) Address 6208 Prospect
17. (a) Removal (b) Date thereof 2-4-44
(c) Place: burial or cremation Bevier, Mo.
18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.
19. (a) 2-6-44 (b) T. E. Brown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (c) Means of injury
23. Signature T. E. Brown (M. D. or other) M. D.
Address 237 N. E. City Date signed 2/9/44

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

MAY 26 1944

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 Cecil R. Matthes

Licensed Embalmer No: 3807

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.