

V. S. No. 2
100M-5-43
Rev. 5-17-42
1 X 66

FILED AUG 23 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3303**

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: **Northeast Restorium 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4-2-44-8-10-44**
(Specify whether years, months or days) **4 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City 48**
(If outside city or town limits, write "RURAL")
(d) Street No. **3240 Gosholtz 2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) **MR.** PRINT FULL NAME **ROBERT THOMPSON BRAVENER**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **MO**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Miss Emma C. Bravener** 6. (c) Age of husband or wife if alive **89** years
7. Birth date of deceased **March 9 1857**
(Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **1** If less than one day hr. min.

9. Birthplace **Alpha Iowa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business **Retired 5 years**

12. Name **William T. Bravener**

13. Birthplace **Alpha Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown Thompson**

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

16. (a) Informant **Ray William Bravener**

(b) Address **3614 East 23rd Street**

17. (a) **Cremation** (b) Date thereof **Aug 12, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **D. H. Higdon's home**

18. (a) Signature of funeral director **D. H. Higdon**
(b) Address **1401 Bush Creek Blvd.**

19. (a) **8-11-44** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **10** year **1944** hour **10** minute **15** P. M.

21. I hereby certify that I attended the deceased from **Feb 28 1944** to **Aug 10 1944**
that I last saw him alive on **Aug 10 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Bronch. Pneumonia**

Due to **Heart exhaustion**

Due to _____

Other conditions **Senile**
(Include pregnancy within 3 months of death)

Major findings: Of operations **107**

Of autopsy _____

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 _____

23. Signature **G. C. McCrue, Jr.** (M. D. or other)
Address **1127 Tracy, K.C. Mo.** Date signed **8-11-44**

Duration Weeks

Year

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
3
1

361

W. J. O. McCormick
1129 Troost

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 *Ed Toth*
Licensed Embalmer No. *1767*
P. O. Address *Kansas City*

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.