

FILED FEB 17 1945

Registration District No. 117

Primary Registration District No. 1602

Registrar's No. 562

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:
4409 Prospect
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs Laura F. Brigham
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female
 5. Color or race white
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife James M Brigham (Deceased)
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 16th 1861
(Month) (Day) (Year)

8. AGE: Years 834 Months 3 Days 17
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____
 12. Name John Mason
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant R.W. Brigham
 (b) Address 660 W. 70st Terrace

17. (a) Burial (b) Date thereof Feb 6th 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood Kansas City Mo.
 19. (a) 2-5-45 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. 4409 Prospect
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____ no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
 year 1945 hour 9 minute 0 M.
 21. I hereby certify that I attended the deceased from Jan 1, 1945
Feb 3, 1945 and that I last saw him alive on Feb 3, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion, hr
chronic myocarditis
 Due to _____
 Due to arteriosclerosis
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____ 93d.
 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? _____

23. Signature W.P. Beckett M.D.
Wes Beckett R. O. 4/3/45
(Specify type of place) (e) Means of injury

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

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

MOTHER FATHER

Dr. M. B. Casebolt
4000 Baltimore
Va5115

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

Alvin A. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd

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.