

S. No. 2
DM-5-43
v. 17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15789
2107
Registrar's No.

Registration District No. 1999 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution:
2627 MONROE AVENUE
(d) Length of stay: In hospital or institution: 31 YEARS
In this community 31 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACSON
(c) City or town KANSAS CITY
(d) Street No. 2627 MONROE AVENUE
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MR ROBERT CLINT BRIER
(b) If veteran, name war NO
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 13TH
year 1945 hour 5 minute 00 P. M.
21. I hereby certify that I attended the deceased from Oct. 10, 1949 to May 13, 1951
that I last saw him alive on May 13, 1951
and that death occurred on the date and hour stated above.

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS. HELEN MAR BRIER
6. (c) Age of husband or wife if alive years
7. Birth date of deceased AUGUST-19-1894

Immediate cause of death Bronchial pneumonia
Duration

8. AGE: Years 60 Months 8 Days 24
If less than one day hr. min.

Due to Myocarditis, Chronic E Myocardial Failure
Due to Chronic Nephritis E ISY P CUTANEOUS
Other conditions Right Side Paralysis 2 yrs
(Include pregnancy within 3 months of death)
(due to cerebral hemorrhage)

9. Birthplace CARBONDALE INDIANA
10. Usual occupation RETIRED - 5 YEARS

Major findings: Of operations 1315
Of autopsy
PHYSICIAN (Signature)
Understand the cause to which death should be charged statistically.

11. Industry or business
12. Name ALBERT BRIER
13. Birthplace UNKNOWN
14. Maiden name MARGARET BENDER
15. Birthplace UNKNOWN

16. (a) Informant MRS ESTHER EMLER
(b) Address 2627 MONROE AVENUE
17. (a) CREMATION (b) Date thereof MAY 15 1945
(c) Place: burial or cremation D.W. NEWCOMERS SONS
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLYD.
19. (a) 5-15-45 (b) Geraldine Holmes

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 work)
(e) Means of injury
23. Signature [Signature] (M. D. or other)
Address 3500 E 27, 15 C. Ave Date signed 5-14-51

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

3800 East 27th Street
1-5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.