

S. No. 2
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v. 5-17-39
P. 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22829**

FILED AUG 13 1945

Registration District No. _____ Primary Registration District No. **1002** Registrar's No. **3226**

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:
STEVANURSING HOME-1310 EAST ARMOUR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 months**
(Specify whether)

In this community **8 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. **1310 EAST ARMOUR BLVD.**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **MRS. LILY FOWLER BRONSON**

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 **WIDOWED**

6. (b) Name of husband or wife **MR. HARL H. BRONSON**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **DECEMBER-26-1872**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **5**
If less than one day _____ hr. _____ min.

9. Birthplace **SEDALIA MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER { 12. Name **JOHN FOWLER**

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

14. Maiden name **JANE BREBEN**

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

16. (a) Informant **Miss Esther Bronson**

(b) Address **3530 Virginia Avenue**

17. (a) **Removal** (b) Date thereof **Aug. 2, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **1144 Sedalia, Missouri**

18. (a) Signature of funeral director **D. H. Newcomer's Son**

(b) Address **1401 13 RUSH CREEK BLVD.**

19. (a) **8-1-45** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **31ST**
year **1945** hour **10** minute **25 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to **July 31**, 19____.

That I last saw her alive on **July 29-1945**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Parvovirus disease **10 yrs**

Due to **(Postencephalitic)**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death) **376**

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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 **A. W. Wheeler** (M. D. number) _____

Address **1100 Poplar Bldg** Date signed **8-1-45**

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

1560. Professional 08/26/47
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SEP 26 1947

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 Elmer Hostley
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.