S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5525
Registrar's No. 625

FILED FEB 19 1946

Registration District No. ____ Primary Registration District No. 1002

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:
2447 Holmes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2447 Holmes 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Pauline Bresman
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John H. Bresman (Deceased)
6. (c) Age of husband or wife if ____ years
7. Birth date of deceased March (Month) 23 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
47	10	13	hr. ____ min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Home
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Fannie Miles
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Willie Coiner
(b) Address 2447 Holmes K. C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Feb 8 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetery K.C.K
18. (a) Signature of funeral director Wilks Funeral Home
(b) Address Kansas City Mo.
19. (a) 2-7-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6
year 1946 hour 11 minute A M.
21. I hereby certify that I attended the deceased from Corner, 19__, to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-pneumonia
Due to Lutus robusta
Due to Subacutis Deformans
Other conditions
(Include pregnancy within 3 months of death)
107
Major findings:
Of operations
Of autopsy no History + Inspection

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) Corner
Address 1424 [illegible] Date signed 2-6-46

(Licensed Embalmer's Statement on Reverse Side)

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 Chas E. Wilks

Licensed Embalmer No. 2644

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.