

FILED APR 22 1946

Registration District No. 147

Primary Registration District No. 1002

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

11955

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: ST. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3-DAYS
(Specify whether years, months or days)

In this community OVER 40 YEARS

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. 3421-EAST-23RD STREET
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROBERT H. BRANT

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 7TH
 year 1946 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Apr 4
 1946 to Apr 7 1946
 that I last saw him alive on Apr 6 1946
 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. LAURA BRANT
 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased AUGUST-28-1862
(Month) (Day) (Year)

Immediate cause of death Cerebral arterio sclerosis with hemiplegia
 Due to Generalized arterio sclerosis
 Due to Diabetes Mellitus

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

Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 83 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace BROOKLYN NEW YORK
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED - 14 YEARS - ENGINEER

11. Industry or business MISSOURI PACIFIC R.R.

MOTHER, FATHER { 12. Name CHARLES THOMAS BRANT
 13. Birthplace BROOKLYN NEW YORK
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN LEWIS
 15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CATHERINE J. CLEAVES
 (b) Address 533 CRESCENT AVENUE

17. (a) BURIAL (b) Date thereof APR-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Son
 (b) Address 1401-BRUSH CREEK BLVD.

19. (a) 4-9-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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)
 (c) Means of injury _____

23. Signature J. E. Castle (M. D. or other)
 Address 11002 Argyle Bldg Date signed Apr 8-46

1008
2-5
Rogers
Bridg

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 K. C. Newcomer Jr

Licensed Embalmer No. 4043

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.