

S. No. 2  
M-5-43  
5-17-39  
I X36

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13051**  
**1855**  
Registrar's No.

**LED MAY 6 1946**  
Registration District No. 149

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson **48**  
(c) City or town Kansas City **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. 514 Main **8**  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) **J**  
If yes, name country

3. (a) PRINT FULL NAME Clarence Brizidine  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 20  
year 1946 hour 10 minute 30 A.M.

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced Single  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased. Not known 1897  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 14, 1946 to March 20, 1946  
that I last saw him alive on March 20, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Diaphragmatic hernia  
Duration \_\_\_\_\_

8. AGE: Years 47 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Odd jobs

12. Name Alexander Brizidine  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Muriel ?  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
17. (a) Burial (b) Date thereof 4-20-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Buried  
18. (a) Signature of funeral director Tom A. Schaefer  
(b) Address City of Maudsloni  
19. (a) 4-22-46 (b) Theridine 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? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature Clark W. Seely  
Address Med. Dir. Gen'l Hosp Date signed 5-21-46

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

MOTHER FATHER

*A. Buckner*

**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.....

*Not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Wm A. Sawyer*.....

Licensed Embalmer No. *3089*.....

P. O. Address..... *HC 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.**