

FILED MAY 59 1946

Primary Registration District No. 5573

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Grain Valley
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Shi-a-ban Hosp 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 20 yrs (years, months or days)

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

3. (a) PRINT FULL NAME Margaret S. Brakebill
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Fm! 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edmond 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Dec 5-1869
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 18 year 46 hour 10 minute A. M.
 21. I hereby certify that I attended the deceased from April 14, 1946, to 4-18, 1946;
 that I last saw her alive on 4-15, 1946;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Malignant melanoma
 Duration 2 yrs

8. AGE: Years Months Days If less than one day
75 3 23 hr. min.

9. Birthplace Buxton Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Retired

12. Name Wm Brown

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

14. Maiden name Antecrown

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

16. (a) Informant Wm S Brown

(b) Address Grain Valley Mo

17. (a) Buried (b) Date thereof 4-20-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo

18. (a) Signature of funeral director Mrs G R Webb

(b) Address Blue Springs Mo

19. (a) Apr. 26-46 (b) Mrs John Lawson
 (Date received local registrar) (Registrar's signature)

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

Major findings:
 Of operations _____
 Of autopsy 53

Duration
 2 yrs

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 0
 23. Signature Merrell R Bay (M. D. or other) _____
 Address Blue Springs Mo Date signed 4-18-46

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

18
00

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..... *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs 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.