S. No. 2
M—5-43
. 5-17-39
o I X36671

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

19043

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20170

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2847

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: Hyde Park Nursing Home, 401 E. 36th St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)

In this community 57 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: 999

(c) City or town: Topeka 14
(If outside city or town limits, write "RURAL")

(d) Street No.: 1843 Collins 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Mary Virginia Brandenburgh

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: widowed 2

6. (b) Name of husband or wife: Warren Brandenburgh

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

7. Birth date of deceased: December (Month) 20 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	5	hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: at home.

11. Industry or business: x

FATHER
12. Name: Robert M. Turner,
13. Birthplace: Virginia 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Ellen Hicks
15. Birthplace: Virginia 1 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Guy R. Smith
(b) Address: 1843 Collins, Topeka, Kansas.

17. (a) interred (Burial, cremation, or removal) (b) Date thereof: 6-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Pantheon

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour 10:45 minute P. M.

21. I hereby certify that I attended the deceased from June 10th 1946 to June 25 1946 and that I last saw her alive on June 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio renal disease unknown — Duration

Due to: arteriosclerotic

Due to:

Other conditions (Include pregnancy within 3 months of death): 131a

Major findings: Of operations:

Of autopsy: no

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: 0

23. Signature: J. J. Ramsworth (M. D. or other)

Address: 1103 Grand K.C. Date signed 6/25/46

(Licensed Embalmer's Statement on Reverse Side)

no

Coff 13 [illegible]

Dr. Farnsworth

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address KC. 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.