

FILED SEP 9 1946
Registration District No. **47**

Primary Registration District No. **1002**

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

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. LUKE'S CHILDREN'S HOSPITAL**
(If not in hospital or institution, write street number or location)

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

In this community **25 YEARS**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**

(c) City or town **RURAL HIGH CROVE & ROAD**
(If rural, give location)

(d) Street No. **R.F.D. #1, GRANDVIEW**

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MRS. MARY ALICE BRIGHAM**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **AUGUST** day **27TH** year **1946** hour **10** minute **06 A.M.**

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MR. ROBERT I. BRIGHAM**

6. (c) Age of husband or wife if alive **29** years

7. Birth date of deceased **AUGUST 15 1921**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **24 August 1946** to **27 August 1946** and that I last saw her alive on **27 August 1946** and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
25	0	12	hr. min.

Immediate cause of death **Acute Anterior Polio Myelitis (Spinal)** Duration **4 days**

Due to

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

Other conditions **Pinworm 36** **7 mo.**
(Include pregnancy within 3 months of death)

11. Industry or business

12. Name **MARKUM Mc MILLAN**

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

14. Maiden name **ROTH PRICE**

15. Birthplace **ROSSE TEXAS**
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy **Hemorrhage in ent. Horn of spinal cord**

16. (b) Informant **ROBT Brigham**

(b) Address **Route 1 Grandview Mo**

17. (a) **BURIAL** (b) Date thereof **AUG-29-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEWCOMER'S VAULTS**

22. If death was due to external causes, furnish 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?

18. (a) Signature of funeral director **W. H. Newcomer**

(b) Address **1401-BRUSH CREEK BLVD**

19. (a) **8-29-46** (b) **Thelma Holmes**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature **Asa C. Jones** (M. D. or other) **J**

Address **9W 86th KC Mo** Date signed **27 Aug 46**

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 Emile M. Colbow

Licensed Embalmer No. 3506

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.