

FILED JAN 13 1947

State File No. \_\_\_\_\_

Registration District No. 779

Primary Registration District No. 1002

Registrar's No. 5499

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:  
3227 Norton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 9 months  
years, months or days

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. 3227 Norton  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No

3. (a) PRINT FULL NAME ALVIN DEAN BRUMLEY

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 11 1946  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>20</u>	<u>hr.</u>	<u>min.</u>

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

10. Usual occupation None

11. Industry or business X

MOTHER FATHER

12. Name Chester Brumley  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Margurite Gove  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Brumley  
(b) Address 3227 Norton K. C. Mo

17. (a) Burial (b) Date thereof Jan 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 12-31-46 (b) Gerardine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 11, 1946, to Dec 30, 1946  
that I last saw him alive on Dec 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of Hydronephrosis with loss of cerebral spinal fluid. Duration 12/30/46  
Due to multiple congenital malformations including hydrocephalus & spinal bifida.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 157 a  
Of autopsy c

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) C  
(b) Date of occurrence C  
(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? No

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
Signature Alvin Dean Brumley (M. D. or other) W.D.  
Address 1232 Prof Bldg Date signed 12/30/46

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

4838

Dr. Glenn Broyles  
Prof Bldg.  
VI 4223

**STATEMENT BY LICENSED EMBALMER**

*not*

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..... *Chas E Weisk*

Licensed Embalmer No. *2644*

P. O. Address *H.C. 3110*

**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.**