

No. 2  
-12-45  
-5-17-39  
I X47070

FILED JAN 23 1947

State File No. \_\_\_\_\_  
Registrar's No. 131

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:  
421 SOUTH DRURY AVENUE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 25 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR WILLIAM MILTON BRASFIELD

3. (b) If veteran, name war No

3. (c) Social Security No. 487-01-8322

4. Sex MALED 5. Color of race WHITE

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

6. (b) Name of husband or wife MRS. MARGARET BRASFIELD

6. (c) Age of husband or wife if alive 64 years (Day) (Year)

7. Birth date of deceased APRIL 2 1899  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

67 9 7 hr. min.

9. Birthplace MANHATTAN KANSAS  
(City, town, or county) (State or foreign country)

10. Usual occupation MOTORMAN

11. Industry or business R.C. PUBLIC SERVICE COMPANY

12. Name JOHN BRASFIELD

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

14. Maiden name MARGARET DALTON

15. Birthplace JACKSON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Gwendolyn Jewett

(b) Address De Soto, Kansas

17. (a) Burial (b) Date thereof Jan 11 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wood lawn Sep. No.

18. (a) Signature of funeral director D. V. Newsum

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 1-11-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 421 SOUTH DRURY AVE.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 9<sup>TH</sup>  
year 1947 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from Jan 3  
4 to January 9 1947

that I last saw him alive on Jan 9 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cervical Emetrion

Due to Carcinoma Gladder

Due to \_\_\_\_\_

Other conditions 52-8  
(Include pregnancy within 3 months of death)

Major findings: Trans. Aethral Suppy Tom or  
Of operations Carcinoma Gladder

Of autopsy None - Obtained

Duration \_\_\_\_\_

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 C

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 1019 W. 10th St Date signed 1/11/47

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

Preparation of body

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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 Carl Rapp  
Licensed Embalmer No. 93458  
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.**