

FILED AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

24102

Registration District No. 147

Primary Registration District No. 1002

Registrar's No.

3156

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:
2711 East 78 Th. Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 35 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME

James Brian

3. (b) If veteran, name war WW

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased..... 7 Unknown

(Month) (Day) (Year)

8. AGE:

Years 82 Months about Days..... If less than one day hr. min.

9. Birthplace:

not record (City, town, or county) (State or foreign country)

10. Usual occupation:

laborer

11. Industry or business:

MOTHER, FATHER { 12. Name not record - Brian
13. Birthplace not record
14. Maiden name not record
15. Birthplace not record

16. (a) Informant

Mrs. Edna Reeling

(b) Address

2711 - E. 78th Terrace

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

7-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director

Mrs. C. S. Foster

(b) Address

Kansas City, Mo.

19. (a) 7-28-47

(Date received local registrar)

(b) Seraldine Holmes

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2711 - E. 78th Terrace 8
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 1947
year..... hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 18 1947
July 20 1947 to July 20 1947
that I last saw him alive on July 18 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 2 days

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1/3 w

Of autopsy.....

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.....

23. Signature S. W. Fairman (M. D. or other) 0
Address 404 1/2 W 75 Date signed July 21 1947

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

Dr. Fair
75 th. & Wornall

Ja 0480

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 C. Herrmann

Licensed Embalmer No. 3700

P. O. Address. Kansas City, 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.