S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27599

Registration District No. 177 — Primary Registration District No. 1002 — Registrar's No. 3588

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: 6326 AGNES AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 40 YEARS

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.: 6326 AGNES, AVE 8
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EDWARD EZRA BRENIZER
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: MARRIED
6. (b) Name of husband or wife: SUSAN BRENIZER
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: JULY (Month) 16 (Day) 1883 (Year)

8. AGE: Years 64 | Months 1 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace: NEBRASKA (City, town, or county) (State or foreign country)
10. Usual occupation: PAINT CONTRACTOR
11. Industry or business:
FATHER
12. Name: EZRA BRENIZER
13. Birthplace: PERU (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: JESSIE MOOBERRY
15. Birthplace: Peoria (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: MRS SUSAN BRENIZER
(b) Address: 6326 AGNES AVE., K.C., MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: AUG 22 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: ELMWOOD CEMETERY
18. (a) Signature of funeral director: D.W. Newcomer Dir
(b) Address: 1401 Brush Creek Blvd., K.C. Mo
19. (a) 8-21-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 19th year 1947 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from Aug 10, 1947, to Aug 19, 1947, that I last saw him alive on Aug 19, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	1 yr
Due to: Ascending pyelonephritis	
Bladder paralysis	
Due to: Myelitis	
Other conditions: (Include pregnancy within 3 months of death) 55 lb	
Major findings of operations: As above	
Tumor left thigh	
Of autopsy: ✓ malignant	

PHYSICIAN — Underline the cause of 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: [illegible] (M. D. or other)
Address: 25th & Troost Date signed: 8-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.