

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 17 1948 49
Registration District No.

Primary Registration District No. 1002

Registrar's No. 456

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 32 East 32nd Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 16 years (Specify whether
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. 32 East 32nd Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GILBERT BROSIER

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 495-09-3005

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah G Brosier 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov. 10 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>20</u> hr. min.

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

10. Usual occupation Butcher

11. Industry or business Fred Harvey

12. Name William Brosier

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Roll

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Sarah J Brosier

(b) Address 32 East 32nd Street

17. (a) Burial (b) Date thereof 2/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Frank J. Collins

(b) Address 20 West Linwood

19. (a) 2-2-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day January
year 1948 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from 1/30/48
....., 19....., to 1/30/48 19.....;
that I last saw him alive on 1/30/48 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion

Due to Acute Subacute Myocardial Infarction

Due to Heart Disease

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: 938

Of operations.....

Of autopsy.....

Duration

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature [Signature] (M. D. or other) N

Address 1401 S. [Address] Date signed 1/31/48

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

MOTHER FATHER

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

Howard W. Farmer

Licensed Embalmer No.

413-4

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.