

No. 2
12-45
7-39
K47070

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

FILED APR 17 1948

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:
1439 1/2 Belleview
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 27 Mears (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Fred H. Bromelsick

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alice W. Bromelsick

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 7 24 1883
(Month) (Day) (Year)

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

64 8 12 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Frederick Bromelsick

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

14. Maiden name Catherine

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice W. Bromelsick

(b) Address 1439 1/2 Belleview

17. (a) Eurial (b) Date thereof 4-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence Kansas-Oak Hill Cemetery

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 4-6-48 (b) Steraldine 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. 1439 1/2 Belleview
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month April day 6th.
year 1948 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from April 6, 1948,
to Apr 6, 1948,
that I last saw him alive on 1:30 AM Apr 6, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Rt. lobar pneumonia Duration unk.

Due to _____

Due to _____

Other conditions Post encephalitic Parkinsonism unk.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none 376

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? _____

(Specify type of place) _____
While at work _____ (b) Means of injury _____

23. Signature Adrian J. Brown (M. D. or other) med

Address 350 E. Armour Date Apr 6, '48

Dr. A. J. Brown
215 Arzyle Bldg.
3 P.M.

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.....

Jerry A. Minor

Licensed Embalmer No. 4496

P. O. Address 918 Broad Bldg, 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.