

FILED AUG 26 1948
Registration District No. 149

Primary Registration District No. 1002

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

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: Nora Clark Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two years
In this community 38 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William H. Brier
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 Mrs. Henrietta Brier
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: October 19th, 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 19
If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business U. S. Rubber Co.

MOTHER FATHER {
12. Name Edward Brier
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Woffe
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henrietta Brier
(b) Address 4726 Harrison St.

17. (a) Cremation (b) Date thereof 8-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 8-10-48 (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. 4726 Harrison St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th,
year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 1944
to Aug 8, 1948
that I last saw him alive on Aug 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure
Due to Chronic myocarditis, 1 yr

Other conditions Long standing
hypertension deformity
arthritis
Major findings: _____
Of operations _____
Of autopsy 938

Duration 1 yr
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 C. P. Gilles (M. D. or other)
Address 1414 Prof. Bldg Date Aug 9, 1948

10:30 to 11:30
r
w
4
Prof. H. W. G. - Room 914

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 Walter H. Brown

Licensed Embalmer No. 4352

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.