S. No. 2
M—5-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 32805

Registrar's No. 4203

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:
5207 WABASH AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution - - - - - - (Specify whether
In this community 14 YEARS
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. 5207 WABASH AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country - - - - - -

3. (a) PRINT FULL NAME MRS. EMMA L. W. BREWINGTON

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-24-2653

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband ~~or wife~~ MR. WILLIAM BREWINGTON

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased JULY (Month) 21 (Day) 1883 (Year)

8. AGE: Years 65 Months 2 Days ~~26~~ 25 If less than one day ____ hr. ____ min.

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

10. Usual occupation HOUSEWIFE - RETIRED

11. Industry or business EMPLOYEE - AGE OF HIGHWAY FILLING STATION

FATHER
12. Name JOSEPH WOOD
13. Birthplace MONTREAL (City, town, or county) CANADA (State or foreign country)

MOTHER
14. Maiden name MARY E. BURNS
15. Birthplace UNKNOWN (City, town, or county) NEW YORK (State or foreign country)

16. (a) Informant WILLIAM BREWINGTON
(b) Address 5207 WABASH AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-18-1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 10-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 16TH year 1948 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 13, 1948, to Oct. 16, 1948; that I last saw her alive on Oct 16-48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Hypertension & Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	PHYSICIAN
Of autopsy	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? (e) Means of injury

23. Signature Geo. H. Jones M.D. Geo. H. Jones (M. D. ~~or other~~)

Address 80 - X Paseo Date signed 10/16/48

(Licensed Embalmer's Statement on Reverse Side)

1:30-5.

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address: K.C. 4 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.