

FILED MAR 22 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8280
8829

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACONSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACONSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 25 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3 R	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1324 EAST 30TH STREET				d. STREET ADDRESS (If rural, give location) 1324 EAST 30TH STREET 0			
3. NAME OF DECEASED (Type or Print) SUSIE		a. (First)		b. (Middle) MAY		c. (Last) BRAWNER.	
4. DATE OF DEATH (Month) (Day) (Year) FEB. 21. 1949		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	
8. DATE OF BIRTH OCT. 27. 1883		9. AGE (In years last birthday) 65 YRS.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) CONVERSE, MISSOURI				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME W. J. EVANS		13b. MOTHER'S MAIDEN NAME CAROLINE BOW		14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. W. J. KNIPMEYER			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1534				ADDRESS 1324 EAST 30TH STREET KANSAS CITY, MO.	
19a. DATE OF OPERATION Jan '49		19b. MAJOR FINDINGS OF OPERATION Generalized Carcinoma & metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec, 1948, to Feb, 1949, that I last saw the deceased alive on Feb 20, 1949, and that death occurred at 1:25 P.M., from the causes and on the date stated above.							
23a. SIGNATURE W. W. Gist (Degree or title)				23b. ADDRESS 1103 Grand Park Ave		23c. DATE SIGNED 22 Feb 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 23 1949		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) CONVERSE MISSOURI	
DATE REC'D BY LOCAL REG 2-23-49		REGISTRAR'S SIGNATURE Heraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1401 BRUSH CREEK BLVD KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

3-14-61

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

Edward M. Storey

Signed.....

Student Embalmer

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.