

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23780

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5368 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Blue Township	
c. LENGTH OF STAY (in this place) 60 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 9910 East Linwood		d. STREET ADDRESS (If rural, give location) 9910 E. Linwood	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Fleming c. (Last) Brander			4. DATE OF DEATH (Month) (Day) (Year) 7 15 49			
5. SEX M	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 8, 1870	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY xx	11. BIRTHPLACE (State or foreign country) Lawrence, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Archibald T. Brander		13b. MOTHER'S MAIDEN NAME Lydia Cummins		14. NAME OF HUSBAND OR WIFE Ida May	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-16-2229		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gladys Trotter 9910 E. Linwood	

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		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from June 27, 1948, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Gray D.O.		23b. ADDRESS 4314 E 9th, K.C. Mo.	23c. DATE SIGNED 7-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7/18/1949	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Mo.

DATE REC'D BY LOCAL REG. July 16-1949	REGISTRAR'S SIGNATURE [Signature]	354	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bentley Mortuary 5811 Troost
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Frank Day DO
4314 E. 9th Be. 0162
119 S. Van Brunt Ch. 4693

JUL 2 6 RECD

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 _____

Guy Buffington

Licensed Embalmer No. _____

2756

Signed _____

Student Embalmer

P. O. Address _____

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.