

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

4168

FILED OCT 15 1949

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>1 66 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1220 LAWNDALE AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1220 LAWNDALE AVENUE</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-26-1949</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ARCHIE</u>		b. (Middle) <u>LINCOLN</u>		c. (Last) <u>BRAINARD</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH-5-1869</u>	
9. AGE (In years last birthday) <u>80 YRS.</u>		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) <u>STAGE EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUDITORIUM MUSIC HALL SANDUSKY, OHIO</u>		11. BIRTHPLACE (State or foreign country) <u>OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENJAMIN BRAINARD</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN Mc FARLAND</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA C. BRAINARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY # <u>487-12-9375</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. ELLA C. BRAINARD 1220 LAWNDALE AVENUE KANSAS CITY, MO</u>			
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					
		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL ARTERY HEMORRHAGE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>SEPT 26, 1949</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERY HEMORRHAGE SEPT 15, 1949</u> DUE TO (c) <u>ARTERIO-SCLEROSIS, CEREBRAL, SEVERE UNKNOWN</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTROPHY PROSTATE, SEVERE UNKNOWN</u>					
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> <u>NONE</u>		21f. HOW DID INJURY OCCUR? <u>NONE</u>			
22. I hereby certify that I attended the deceased from <u>SEPT 15, 1949</u> , to <u>SEPT 26, 1949</u> , that I last saw the deceased alive on <u>SEPT 26, 1949</u> , and that death occurred at <u>8:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Oscar W. Miller (Degree or title) <u>Oscar W. Miller, M.D.</u>				23b. ADDRESS <u>220 ARGYLE BLDG. KANSAS CITY</u>		23c. DATE SIGNED <u>SEPT 27, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>SEPT-29-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D. W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-29-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D. W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>			

**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.

Student .....  
Student Embalmer

Signed: \_\_\_\_\_

*Robert Ray*

Licensed Embalmer No. 4182

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.