

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37139

4551

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4551			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson			
c. LENGTH OF STAY (in this place) 65 YRS		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS 5120 Grand Ave.		3. 4/ 3/ 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION. 5120 Grand Ave.				d. STREET ADDRESS (If rural, give location) 5120 Grand Ave.					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) Cornelius		b. (Middle) Gregory		c. (Last) Brosnahan		Oct. 22, 1949			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 21-1870			
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor			10b. KIND OF BUSINESS OR INDUSTRY Contractor			11. BIRTHPLACE (State or foreign country) Warrensburg - Mo.			
12. CITIZEN OF WHAT COUNTRY? US			13a. FATHER'S NAME Timothy Brosnahan		13b. MOTHER'S MAIDEN NAME Mary Ready		14. NAME OF HUSBAND OR WIFE Mrs. Maude M. Brosnahan		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude M. Brosnahan				ADDRESS 5120 Grand	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Sclerosis		DUE TO (b) General Arterio Sclerosis		10 years			
II. OTHER SIGNIFICANT CONDITIONS		Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Radio-Resonance Vascular Disease		10 years			
		Conditions contributing to the death but not related to the disease or condition causing death.		Cases of Fibrotic Pulmonary Tuberculosis		8 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)		4/20/49			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 May 15, 1949, to Oct 22, 1949, that I last saw the deceased alive on Oct 22, 1949, and that death occurred at 7:15 a.m., from the causes and on the date stated above.									
23a. SIGNATURE Wm. D. Jasper (Degree or title)				23b. ADDRESS 3034 Harrison				23c. DATE SIGNED 10.22.49	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 24-49		24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 10-25-49		REGISTRAR'S SIGNATURE Geraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home-Kansas City, Kan				

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. ~~W. H.~~ Jasper
3034 Harrison

Emergency

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

Jimmy S. Harkshon

Licensed Embalmer No. 4092

P. O. Address *Union, Pa.*

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.