

FILED JUL 29 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23481**
Registrar's No. **3109**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Jackson 27 YRS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo. 64115 | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City, Mo. 64115 | |
| c. LENGTH OF STAY (In this place) 4 1/2 | | d. STREET ADDRESS (If rural, give location) 321 Wood Parkway | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Meusebach | | | |

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|---|----------------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Sal b. (Middle) Brauns c. (Last) Brauns | | 4. DATE OF DEATH (Month) (Day) (Year) 7 17 50 | |
| 5. SEX M | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 2-14-1877 |
| 9. AGE (In years last birthday) 73 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor | 10b. KIND OF BUSINESS OR INDUSTRY Retired |
| 11. BIRTHPLACE (State or foreign country) Russia | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME Abraham Brauns | | 13b. MOTHER'S MAIDEN NAME Sarah | | 14. NAME OF HUSBAND OR WIFE Fannie Brauns | |
| 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 ADDRESS Dr. Jack B. Brauns K.C. Mo. | |

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|--|--|---|--|---|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Primary Carcinoma of lung - with metastasis | | INTERVAL BETWEEN ONSET AND DEATH 162X |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) metastasis to heart + other organs | | |
| DUE TO (c) | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **5-3-50**, 19**50**, to **7-17**, 19**50**, that I last saw the deceased alive on **7-17**, 19**50**, and that death occurred at **6:30 AM** from the causes and on the date stated above.

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|--|--|--|--|---|--|
| 23a. SIGNATURE A. Morris Ginsberg (Degree or title) A. Morris Ginsberg, MD | | 23b. ADDRESS 420 Professional Bldg | | 23c. DATE SIGNED 7-17-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE July 18, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE J.P. Hoivis | | ADDRESS Funeral Home K.C. Mo | |
| DATE REC'D BY LOCAL REG. 7-18-50 | | REGISTRAR'S SIGNATURE Heraldine Holmes | | | |

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Guy Buffington*
Licensed Embalmer No. *2756*

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.