

THE DIVISION OF HEALTH OF MISSOURI
FILED JUL 22 1950 STANDARD CERTIFICATE OF DEATH

23483
State File No. 2947

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
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 Kansas City		c. LENGTH OF STAY (In this place) 20 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 918 East 39th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 918 East 39th				d. STREET ADDRESS (If rural, give location) 918 East 39th St.			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) H		c. (Last) BREMERMAN	
4. DATE OF DEATH July 4 1950		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 3, 1871		9. AGE (In years last birthday) 79	
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (State or foreign country) Boone, Iowa		12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME George H. Bremerman		13b. MOTHER'S MAIDEN NAME Rachel Unknown	
14. NAME OF HUSBAND OR WIFE Myrtle Bremerman		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Bremerman, 918 E 39th K. C. Mo	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pernicious Anemia</i> INTERVAL BETWEEN ONSET AND DEATH <i>Known about 18 mo?</i> 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.				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				21. HOW DID INJURY OCCUR?	
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) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <i>March, 1930</i> to <i>July 4, 1950</i> what I last saw the deceased alive on <i>July 3, 1950</i> , and that death occurred at <i>10:30 AM.</i> from the causes and on the date stated above.				23a. SIGNATURE <i>J. J. Farnsworth M.D.</i>	
23b. ADDRESS <i>1103 Grand K.C. Mo</i>		23c. DATE SIGNED <i>7/5/50</i>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE July 6, 1950	
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		DATE REC'D BY LOCAL REG. 7-5-50		REGISTRAR'S SIGNATURE <i>Geraldine Holmes</i>	
25. FUNERAL DIRECTOR'S SIGNATURE WILKS FUNERAL HOME, 2315 Linwood K.C.3 Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS					

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

Dr. Farnsworth
Vi 3434
2 P. M to 5 P. M.

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 Chas E. Weeks

Signed.....
Student Embalmer

Licensed Embalmer No 2644

P. O. Address Honolulu 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.