

757 FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37169**  
**4672**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |  |
| c. LENGTH OF STAY (in this place) <b>65 yrs</b>   |  | d. STREET ADDRESS <b>800 West 72nd Street</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>                              |  |   |  |

|  |                           |                        |  |
|--|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>HENRY</b> | b. (Middle) <b>THOMAS</b> | c. (Last) <b>BRACE</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>October 31, 1951</b> |
|--|---------------------------|------------------------|--|

|                 |                           |   |   |   |                        |                      |                       |                      |
|-----------------|---------------------------|---|---|---|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <b>M</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>November 13, 1865</b> | 9. AGE (In years last birthday) <b>85</b> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|-----------------|---------------------------|---|---|---|------------------------|----------------------|-----------------------|----------------------|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner of H. T. Brace</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Mercantile Co. (Clothing)</b> | 11. BIRTHPLACE (State or foreign country) <b>England</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|--|--|---|

|                    |                           |  |
|--------------------|---------------------------|--|
| 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE <b>Sue Brace</b> |
|--------------------|---------------------------|--|

|  |                                     |  |
|--|-------------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> | 16. SOCIAL SECURITY NO. <b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. W.C. Arrowsmith, 8033 Meadow Lane, Johnson</b> |
|--|-------------------------------------|--|

|  |   |              |                                  |
|--|---|--------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |              | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Perforated Gastric Ulcer</b>  |              |                                  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary sclerosis &amp; Arteriosclerosis</b><br>DUE TO (c) <b>Myocardial Damage</b> |              |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Interstitial Nephritis</b>  |   | <b>5 1/2</b> |                                  |

|  |  |  |
|--|--|--|
| 19a. DATE OF OPERATION <b>10-30-51</b> | 19b. MAJOR FINDINGS OF OPERATION <b>Perforated Gastric Ulcer</b> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--|--|--|

|  |  |  |
|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>✓</b>      | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>✓</b> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>✓</b>                      |

22. I hereby certify that I attended the deceased from **10-29**, 1951, to **10-31**, 1951, that I last saw the deceased alive on **10-31**, 1951, and that death occurred at **6 P.** m., from the causes and on the date stated above.

|  |                               |                                 |
|--|-------------------------------|---------------------------------|
| 23a. SIGNATURE <b>M. P. Sewell</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>1722 W 39</b> | 23c. DATE SIGNED <b>11-1-51</b> |
|--|-------------------------------|---------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>11/2/51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |
|---|--------------------------|--|--|

|   |   |  |
|---|---|--|
| DATE REC'D BY LOCAL REG. <b>11-2-51</b> | REGISTRAR'S SIGNATURE <b>M. P. Sewell</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Missouri</b> |
|---|---|--|

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

Dr. M. F. Lennell  
39 - L - Bee

until 5:30

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 Herald A. Burger

Licensed Embalmer No. 4263

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.