

STANDARD CERTIFICATE OF DEATH

27948 State File No. 3668

FILED AUG 30 1952

BIRTH NO. REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas city c. LENGTH OF STAY 8 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY Kansas city 3498 d. STREET ADDRESS 44 East 32nd Street

3. NAME OF DECEASED a. (First) Mr Roy b. (Middle) M c. (Last) Brand 4. DATE OF DEATH August 18 1952

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married 8. DATE OF BIRTH 16-10-1888 9. AGE 64 10a. USUAL OCCUPATION Construction Supt. 10b. KIND OF BUSINESS OR INDUSTRY U.S.M. Construction Co 11. BIRTHPLACE MO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Brand 13b. MOTHER'S MAIDEN NAME Margaret Jacobson 14. NAME OF HUSBAND OR WIFE Gertrude Brand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 495-07-3296 17. INFORMANT'S SIGNATURE OR NAME Gertrude Brand 17. ADDRESS 44 E 32nd St

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic nephritis ANTECEDENT CAUSES DUE TO (b) Essential hyp hypertension (malignant) 5 mos. DUE TO (c) Hypertensive heart disease with congestive failure 1 month

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 25, 1952, to Aug 18, 1952, that I last saw the deceased alive on Aug 17, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE T. Reid Jones (Degree or title) M.D. 23b. ADDRESS 1107 Bryant Bldg 23c. DATE SIGNED 8-18-52

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 8-20-52 24c. NAME OF CEMETERY OR CREMATORY Osborn Mo Cem. Osborn 24d. LOCATION (City, town, or county) (State) Missouri

DATE REC'D BY LOCAL REG. 8-18-52 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS France Wornall Funeral Home

(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Francis G. Ruff
.....
Student Embalmer

Signed

Russell N. France
.....

Licensed Embalmer No. *4255*

P. O. Address. *K. E. 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.