

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

State File No. **21496**

Filed
July 9, 1953

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3089	
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) 41 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2				d. STREET ADDRESS (If rural, give location) 1723 Montgall			
3. NAME OF DECEASED (Type or Print) a. (First) Jessie			b. (Middle)		c. (Last) Brenson		4. DATE OF DEATH (Month) (Day) (Year) June 11, 1953
5. SEX male	6. COLOR OR RACE colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1888		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Month Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Houseman		11. BIRTHPLACE (City and State or Foreign Country) Goldboro, N. Carolina		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Haywood Brenson			13b. MOTHER'S MAIDEN NAME Polly Hobbs		14. NAME OF HUSBAND OR WIFE Hattie Brenson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or date of service) yes W. W. I		16. SOCIAL SECURITY NO. 500-03-2036		17. INFORMANT'S SIGNATURE OR NAME Hattie Brenson ADDRESS 1723 Montgall			
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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute localized pelvic peritonitis, partial obstruction illiosical intestinal region ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Local fat necrosis of mesentery DUE TO (c) Diaphragmatic abscess due to diverticulitis of jejunum II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH 5721	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm. H. Owens Coroner				23b. ADDRESS 1834 Pine St. Bldg.		23c. DATE SIGNED	
24. HOSPITAL CREMATION, REMOVAL (Specify)		24b. DATE 6-18-53	24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans.		
DATE REC'D BY LOCAL REG. 6-18-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. ADDRESS 18th. & Benton			

(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
Student Embalmer

Signed Bruce R. Watkins

Licensed Embalmer No. _____

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 21496

State of Missouri

County of Jackson

ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3089

On this 14th day of August, 1953, before me appears

Hugh H. Owens, who, upon his oath, states that the original record of ~~birth~~ death

for Jessie Brenson, died June 11, 1953, in the State of

Missouri, and which was filed at Kansas City, Mo. on 6-18- 1953, should be corrected as follows:

Item No. Ia should read Acute localized pelvic peritonitis, partial obstruction iliocecal intestinal region

Instead of

Item No. Ib should read Local fat necrosis of mesentery

Instead of

Item No. Ic should read Diaphragmatic abscess due to diverticulitis of jejunum

Instead of

Item No. _____ should read All of item 21 should be left blank

Instead of

Item No. _____ should read _____

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Hugh H. Owens Coroner
Relationship.

1034 Rialto Bldg., Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of August, 1953

My Commission expires May 24, 1957 Opheeme Sanchez Notary Public.

1953

S-21496