

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 3-1955

State File No. 29663

4047

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

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| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY OR TOWN <u>KANSAS CITY</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>25 YEARS</u> | | e. STREET ADDRESS (If rural, give location) <u>4915 MERCIER STREET</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GROSSE NURSING HOME</u> | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNIE</u> b. (Middle) <u>B.</u> c. (Last) <u>BRAIN</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-16-1955</u> | | 5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>NOV-7-1865</u> | |
| 9. AGE (In years last birthday) <u>89</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>NEAR SPRINGFIELD, ILLINOIS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>UNKNOWN</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>BERNARD B. BRAIN</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>H. B. BRAIN</u> ADDRESS <u>4908 MERCIER ST. KANSAS CITY, MO.</u> | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>6-12</u> , 19 <u>57</u> , to <u>9-14</u> , 19 <u>55</u> that I last saw the deceased alive on <u>9-14</u> , 19 <u>55</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>V. B. Ballard MD</u> (Degree or title) | | 23b. ADDRESS <u>411 Nichols Road Kansas City Mo</u> | |
| 23c. DATE SIGNED <u>9-16-55</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | |
| 24b. DATE <u>SEPT-17-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer</u> ADDRESS <u>1331 BAUSH CREEK KANSAS CITY MO.</u> | |
| DATE REC'D BY LOCAL REG. <u>9-17-55</u> | | REGISTRAR'S SIGNATURE <u>Reva Marshall</u> | |

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.....
Signature of Student Embalmer

Signed *Robert C. Hanson*.....

Licensed Embalmer No. *489*.....

P. O. Address *H. C. Me...*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.