

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8571

STATE FILE NUMBER

1249

Registration District No. 149 Primary Registration District No. 1002 Registrar's

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>			Length of stay in yrs <b>39</b>	d. STREET ADDRESS <b>2310 East 25th St.,</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Henry</b> Middle <b>(NMN)</b> Last <b>Bronson</b>				4. DATE OF DEATH Month <b>March</b> Day <b>11</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 30, 1918</b>		9. AGE (In years last birthday) <b>39</b> yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cab dispatcher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Taxi cab</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Arthur Bronson Sr.</b>				14. MOTHER'S MAIDEN NAME <b>Marion Compton</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>		16. SOCIAL SECURITY NO. <b>498-30-5602 - Unknown</b>		17. INFORMANT <b>Elizabeth Rolie Bronson</b>		Address <b>2310 East 25th Street</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Thrombocytopenia</b> DUE TO (c) <b>Myelogenous leukemia</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						INTERVAL BETWEEN ONSET AND DEATH  <b>24 1/2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. Attended the deceased from <b>March 5, 1957</b> to <b>March 11, 1957</b>			Death occurred at <b>1:45</b> p m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>L. G. AGEE, M.D.</b>			22b. ADDRESS <b>VA Hospital, Kansas City, Mo</b>		22c. DATE SIGNED <b>3-15-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3/19/ 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wadsworth National Cemetery</b>		23d. LOCATION (City, town, or county) <b>Wedsworth, Kansas</b>		(State)
24. FUNERAL DIRECTOR <b>L. E. Davis</b>			ADDRESS <b>K. C., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3-18-57</b>		26. REGISTRAR'S SIGNATURE <b>Neve Minshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs are listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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 *Landis H. Jackson*

Licensed Embalmer No. 48

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.