

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

5885-60-041886

STATE FILE NUMBER

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

IDED

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|--|--|---|--|---|---|--|--|-------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Length of stay in lb 25 yrs. | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 121 1/2 E. 12th St. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 3749 Paseo | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First Kenneth Middle G Last Brannan | | | | 4. DATE OF DEATH Month Nov. Day 21, Year 1960 | | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH Apr. 11, 1912 | 9. AGE (last birthday) 48 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman | | | 10b. KIND OF BUSINESS OR INDUSTRY Greenlease-Oneill Motor | | 11. BIRTHPLACE (City and state or country) Green City, Mo. | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | |
| 13a. FATHER'S NAME William Brannan | | | 13b. MOTHER'S MAIDEN NAME Ethel Fear | | | 14. NAME OF HUSBAND OR WIFE Helen Brannan | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. 491-10-0528 | | 17. INFORMANT Address Helen Brannan, 3749 Paseo, K. C., Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Perforated ulcer - knowledge gastric & duodenal ulcer gave | | | | | | INTERVAL BETWEEN ONSET AND DEATH minutes | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) , | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 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 _____ a.m. _____ p.m. _____ | Month, Day, Year _____ | | | | | | | |
| 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. I attended the deceased from July 1959 to Oct 1960 and last saw him alive on Oct 4, 1960 . Death occurred at 3:50 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Richard E. Griffin (Degree or title) | | | | 22b. ADDRESS 3900 Paseo K.C., Mo. | | 22c. DATE SIGNED 11/22/60 (State) | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 11-23-60 | 23c. NAME OF CEMETERY OR CREMATORY Highland Cem. | | 23d. LOCATION (City, town, or county) Iola, Kansas | | | |
| 24. FUNERAL DIRECTOR ADDRESS Stine & McClure, Kansas City, Mo. | | | 25. DATE RECD. BY LOCAL REG. 11-23-60 | | 26. REGISTRAR'S SIGNATURE H-L Sawyer | | | |

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
Richard E. Griffin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Eugene H. [Signature]

Licensed Embalmer No. 46

P. O. Address Kansas

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