

DEC 11 1939
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4452**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Joseph Hospital**
(d) Length of stay: In hospital or institution **9 days**
In this community **66** years, months or days

3. (a) PRINT FULL NAME **Mabel-Lena Brewer**
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex **Female**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John W. Brewer**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **Oct - 19 1881**
(Month) (Day) (Year)

8. AGE: Years **58** Months **1** Days **1**
If less than one day hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **no record**

MOTHER FATHER { 12. Name **Hedrick Hackett**
13. Birthplace **no record**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Mrs. M. M. Brown**
15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **John W. Brewer**

(b) Address **394 So. Roland**

17. (a) **Burial** (b) Date thereof **11/22/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

18. (a) Signature of funeral director **George C. Brown**
(b) Address **Independence Mo.**

19. (a) **Nov 22 1939** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(d) Street No. **394 So. Roland (RURAL)**
(e) If foreign born, how long in U. S. A. _____ years.

20. DATE OF DEATH: Month **Nov** day **20**
year **1939** hour _____ minute **3:55 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Sub Acute Hematuria**
Duration _____
Due to **Fell Down Back Stair at Home**
Due to _____
Other conditions **Pulmonary Edema**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **about**
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **about 3 mos ago**

(c) Where did injury occur? **Kansas**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **4** (Specify type of place) (e) Means of injury

23. Signature **Quellwiser** (M. D. or other)
Address **Kansas** Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 6 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.