

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

20637
2254

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City, Mo.**
(b) City or town **Kansas City, Mo.**
(c) Name of hospital or institution: **6125 Chestnut**
(d) Length of stay: In hospital or institution **36 years**
In this community **36 years**

3. (a) PRINT FULL NAME: **Alfred Brumley**
3. (b) If veteran, name war: **None**
3. (c) Social Security No.: **None**

4. Sex: **M** 6. Color or race: **W**
6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: **Lulu Brumley**
6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **Dec. 23, 1857**

8. AGE:	Years	Months	Days	If less than one day
	82	5	8	hr. min.

9. Birthplace: **N.Y.**

10. Usual occupation: **Retired**

11. Industry or business: **Hardware Man**

12. Name: **Unknown**

13. Birthplace: **Unknown**

14. Maiden name: **Unknown**

15. Birthplace: **Unknown**

16. (a) Informant: **Mrs. W. C. Dowdy**

(b) Address: **6125 Chestnut, K.C. Mo.**

17. (a) **Burial** (b) Date thereof: **June 3-40**

(c) Place: burial or cremation: **Lamonte, Mo.**

18. (a) Signature of funeral director: **C. H. Blackman & Son, Inc.**

(b) Address: **2825 Indep. Blvd. K.C. Mo.**

19. (a) **June 2, 1940** (Date received local registrar)
M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Missouri** (b) County: **Jackson**
(c) City or town: **Kansas City, Mo.**
(d) Street No.: **6125 Chestnut, K.C. Mo.**
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1st**
year **1940** hour **4** minute **45** P. M.

21. I hereby certify that I attended the deceased from **May - 7-40**
to **June 1, 1940**
that I last saw him alive on **June 1, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral hemorrhage 1 day**
Due to: **Arteriosclerosis**

Due to: **Chronic Interstitial Nephritis**
Other conditions: **131**

Major findings: _____
Of operations: _____
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature: **Harold B. Clark**
Address: **732 Reedo Bldg**
Date signed: **6-2-40**

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

Dr. Harold B. Clark

3319 Wabash

5:30 today.

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.....

H. B. Blackman

Licensed Embalmer No.

3689

P. O. Address

W. C. Mo

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.