S. No. 2
—11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20779

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2396

1. PLACE OF DEATH:

(a) County Jackson.

(b) City or town Kansas City.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5719 Oak Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether 2
In this community all her life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Jackson.

(c) City or town Kansas City.
(If outside city or town limits, write "RURAL")

(d) Street No. 5719 Oak St. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Mrs. Addie Elizabeth Brobeck. 6/8

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Henry E. Brobeck.

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased May (Month) 16 (Day) 1873 (Year)

8. AGE: Years 86 Months 11 Days 26 If less than one day hr. min.

9. Birthplace New York. (City, town, or county) (State or foreign country) 1

10. Usual occupation at home. 4

11. Industry or business x

FATHER
12. Name William Hatfield. 1
13. Birthplace (City, town, or county) Wales. (State or foreign country)

MOTHER
14. Maiden name Mary Green.
15. Birthplace (City, town, or county) New York. (State or foreign country)

16. (a) Informant Henry Brobeck.
(b) Address 5719 Oak St., Kansas City, Mo.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof June-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery.

18. (a) Signature of funeral director Stine & McClure.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) June 12, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th. year 1940 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 1936, 19, to June 12, 1940; that I last saw her alive on June 12, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Metastases from carcinoma of stomach Pulmonary congestion

Due to cardiac failure

Due to 40

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations 1936. Carcinoma of pylorus / removal.
Of autopsy

Duration

PHYSICIAN
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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Delon A Williams (M. D. or other) 1
Address 804 Prof Bldg Date signed 6/12/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. Williams.

Prof Bldg
800

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 Denney Towner Jr., Registered Apprentice No. 222 working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.