

NOV 12 1940  
Registration District No. **999**

Primary Registration District No. **1002**

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

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:  
3525 Aguel  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 1 year  
years, months or days)

3. (a) PRINT FULL NAME Melvin Brenizer

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loanid Brenizer 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 4 1878  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 10 If less than one day  
hr. min.

9. Birthplace Tava  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Olvin Brenizer

13. Birthplace Benka  
(City, town, or county) (State or foreign country)

14. Maiden name Hilda Cawell

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dwight Brenizer

(b) Address 3525 Aguel

17. (a) Removal (b) Date thereof 10/6/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamoni Tava

18. (a) Signature of funeral director Wayne Farned Rea

(b) Address 2315 Pulwood Blvd

19. (a) 10-15-40 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 3525 Aguel  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-14 day 14  
year 1940 hour 9 minute 7 M.

21. I hereby certify that I attended the deceased from April 12, 1940 April 14, 1940  
that I last saw him alive on April 14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial Infarction  
Due to 1250  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Yellow atrophy of liver  
Of autopsy no  
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) no  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature D. J. Mackey (M. D. or other)  
Address D. J. Mackey Date signed 10-15-40

**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

*Ray C. Snow*

Licensed Embalmer No. *2560*

P.O. Address *1807 East 29th St*

**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.**