No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37846

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4444

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: Station Waiting Room 24 Main (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) Unknown
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Jackson (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 7603 Penn St (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Robt. C. Brushman
3. (b) If veteran, name war no
3. (c) Social Security No. 159-01-7125
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Dec (Month) 8 (Day) 1876 (Year)

8. AGE: Years 63 Months 11 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Milwaukee (City, town, or county) Wis. (State or foreign country) 1
10. Usual occupation Salmon 6
11. Industry or business
MOTHER FATHER
12. Name Gustave Brusham 6
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Lena Hanks
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant E. Ericksen
(b) Address 300 E 40
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-22-40 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo
18. (a) Signature of funeral director C. A. Thyssen
(b) Address 2512 Halsey St
19. (a) 11-22-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1940 hour 7 minute 45 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 Acute pulmonary edema
Due to Chronic myocardial infarction
Due to Old coronary occlusion
Other conditions (Include pregnancy within 3 months of death) Coronary sclerosis. 94B
Major findings:
Of operations
Of autopsy Yes

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 5
23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.