

FILED DEC 10 1941

State File No.

Registration District No. 2404

Primary Registration District No. 5558

Registrar's No.

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:
8531 Highland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 17 Yrs.
 years, months or days) (Specify whether

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. 8531 Highland
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
 year 1941 hour 4 minute A M.
 21. I hereby certify that I attended the deceased from Nov 7 to Nov 10, 1941
 that I last saw him alive on Nov 7, 1941
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Charles R. Bramble

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

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dillie 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 28 1850
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 8 12 hr. min.

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

10. Usual occupation Carpenter

11. Industry or business.....

12. Name James Bramble

13. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

14. Maiden name Sarah Cobb

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

16. (a) Informant Mrs. Maude M. Weir

(b) Address 8520 Woodland, K.C. Mo.

17. (a) Burial (b) Date thereof 11-12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. Moriah Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 7406 Wornall Rd. K.C. Mo.

19. (a) 12-1-41 (b) [Signature]
 (Date received local registrar) (Licensed Embalmer's Name)

Immediate cause of death Myocardial Regurgitation over 1 yr

Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

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?.....
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature [Signature] (M. D. or other).....

Address 404 W. 75 Date signed 11/11/41

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

MOTHER FATHER

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(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.....

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

Signed *Harlyn Roe*.....

Licensed Embalmer No. *2810*.....

P. O. Address *14. 6 2000*.....

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, fact should be so stated above.