

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37172
Registrar's No. 4850

Filled DEC 3 1943
Registration District No. 149

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:
2201 EAST 69TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 YEARS 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. 2201 EAST 69TH STREET
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. CHARLES Noel BRONSTON
(b) If veteran, name war No.
(c) Social Security No. 10928

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 15TH
year 1943 hour 5 minute 30 P. M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MABEL M. BRONSTON
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JANUARY-12-1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1918
to Nov 15-43
that I last saw him alive on Nov 16
and that death occurred on the date and hour stated above.
Immediate cause of death Nephritis
Duration 3 days

8. AGE: Years 76-77 Months 10 Days 3
If less than one day _____ hr. _____ min.

Due to Nephritis 5 yrs
Due to _____ 152'

9. Birthplace near Jasper Horton Kansas
(City, town or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation REAL ESTATE

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name JACOB BRONSTON
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name Sarvonia
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mabel M. Bronston
(b) Address 2201 E 69 St

17. (a) BURIAL (b) Date thereof Nov 17 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director D. J. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

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 _____

19. (a) 11-17-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

23. Signature D. J. Davis (M. D. or other) _____
Address 407 Waldheim Date signed 11-16-43

561

Mathew Bell

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 *Ernie M. Calhoun*.....

Licensed Embalmer No. *3506*.....

P. O. Address *Kc 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, fact should be so stated above.