S. No. 2
OM—2-43
v. 5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36628
State File No.

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4500

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:
La Salle Hotel 922 Linwood Blvd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 26 Yrs
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. LaSalle Hotel 922 Linwood Blvd
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lorraine Brazie
3. (b) If veteran, name war No
3. (c) Social Security No. none
4. Sex Femal
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Walter E. Hinds
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Dec. 19 (Month) 1913 (Day) (Year)
8. AGE: Years 30 Months 10 ~~9~~ Days ~~25~~ 15 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Radio Work
11. Industry or business
FATHER
12. Name Edward J. Brazie
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Pearl Goodman
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Pearl St Amour
(b) Address 900 East 9 St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn
19. (a) 11-8-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1944 hour 9 minute 30P M.
21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h alive on Deputy Coroner 19
and that death occurred on the date and hour stated above.

Immediate cause of death Duration
Fatal Hemorrhagic Shock
Due to Ruptured Ectopic
Due to Pregnancy
Other conditions no delivery
(Include pregnancy within 3 months of death)
Major findings:
Of operations 142 b
Of autopsy See Above

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 A. E. Asher (M. D. or other) MD
Address 23 McCoy Date signed 11/8/44

(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. 2570

P. O. Address.....

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.