S. No. 2
OM—2-43
v. 5-17-39
I X35397

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13473

Registration District No. 148

Primary Registration District No. 5568

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 549 Arlington. Kansas City Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 5 Rural Ling Blue Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 549 Arlington
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) X

If yes, name country .....

3. (a) PRINT FULL NAME Telles W. Brouillette

3. (b) If veteran, name war ----------

3. (c) Social Security No. ----

4. Sex Male

5. Color or race Wht.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie M. Brouillette

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October (Month) 25 (Day) 1871 (Year)

8. AGE: Years 74 Months 5 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Pine Village, ~~Illinois~~ ~~Canada~~ (City, town, or county) Indiana (State or foreign country)

10. Usual occupation carpenter

11. Industry or business .....

12. Name John Brouillette

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

14. Maiden name Sarah Foster

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

16. (a) Informant Bessie M. Brouillette

(b) Address 549 Arlington, K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 2 /46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence Missouri

19. (a) Apr-12-1946 (Date received local registrar) (b) James D. Gray (Registrar's signature)

Corr. by AMENDED FATHER June 20, 1946 July 3, 1946 Hatcher State

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th year 1946 hour 4 minute 30 p M.

21. I hereby certify that I attended the deceased from Mar 4, 1946 to ..... 19..., that I last saw him alive on Mar 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio Vasc. disease, Cardiac enlargement & Due to Acute Cardiac failure

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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 .....

23. Signature Chas E Nickson Jr (M. D. ~~or other~~)

Address Independence Mo Date signed 4-1-46

55 (Licensed Embalmer's Statement on Reverse Side)

MAY 25 1948

JUL 5 1946

MAY 10 1948

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. 3604

P. O. Address Indep., 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No. 123

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24 day of May, 1946, before me appears Bessie M. Brouillette, who, upon her oath, states that the original record of ~~birth~~ death for Tellos W. Brouillette, ~~born~~ died March 28, 1946, in the State of Missouri, and which was filed at Independence, Mo on April 12, 1946, should be corrected as follows:

Item No. 9 should read Pine Village, Illinois
Instead of Canada

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bessie M. Brouillette Widow
Relationship.

549 Arlington Ave. K.C. Mo
Present Address.

Subscribed and sworn to before me this 24 day of May, 1946

My Commission expires January 25, 1948 Clayton P. Wolff Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
-43
K36667

13473

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 27 day of June, 1946, before me appears Bessie M. Bronillette, who, upon her oath, states that the original record of ~~birth~~ death for Teller W. Bronillette, ~~born~~ died March 28, 1946, in the State of Missouri, and which was filed at Independence on 4/12, 1946, should be corrected as follows:

Item No. 9 should read Pine Village, Indiana

Instead of Pine Village, Illinois.

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Bessie M. Bronillette (widow)
Relationship.

549 Arlington
Kansas City, Mo.
Present Address.

Subscribed and sworn to before me this 27 day of June, 1946

My Commission expires January 25, 1948 Clayton J. Wolf Notary Public.

Affidavits containing erasures will not be accepted; use error and write above

135
13
36667

13473