

**FILED** AUG 27 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **27032**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3511**

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: **Menorah Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 Days**  
In this community **10 Months**  
(Specify whether 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. **3434 Paseo**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MRS. MARGARET BRIGGS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Thomas N. Briggs** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 8, 1881**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **4** If less than one day hr. min.

9. Birthplace **Fulton, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER } 12. Name **Nicholas Elson**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Dora Dunn**  
15. Birthplace **Fulton, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. A. Bostian**  
(b) Address **Pickwick Hotel, Kansas City, Mo.**

17. (a) **Removal** (b) Date thereof **8-14-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Dallas, Texas**

18. (a) Signature of funeral director **Freeman Mortuary**  
(b) Address **Kansas City, Missouri**

19. (a) **8-14-46** (b) **Margaret Holmes**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **August** day **12th**  
year **1946** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the \_\_\_\_\_ date and he \_\_\_\_\_ stated above.

Immediate cause of death **Acute Pulmonary Embolism**  
**Deputy Coroner**

Due to \_\_\_\_\_

Due to **(n.m.o.)**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **112**

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? **11**

While at work? **A.E. Walker** (Specify type of place) (M.D. or other) Means of injury \_\_\_\_\_

23. Signature **A.E. Walker** (M.D. or other) \_\_\_\_\_  
Address **2800 Main** Date **8/14/46**

Prof. O'Boyle  
12. 11 P.M.

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**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 Edmund E. Korman

Licensed Embalmer No. 481

P. O. Address 104 W. 42nd St.

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.