

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27035  
3409  
Registrar's No.

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:  
General Hospital No. 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 4K  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 821 W. 13 St. 5  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No) 1  
If yes, name country:

3. (a) PRINT FULL NAME Ida Brockman

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Fe 5. Color or race Wh  
6. (a) Name of husband or wife George Brockman 6. (c) Age of husband or wife if alive 10 years 1863  
7. Birth date of deceased Apr (Month) 10 (Day) 1863 (Year)

8. AGE: Years 83 Months 3 Days 26 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Jackson Budick  
13. Birthplace NY (City, town, or county) (State or foreign country)  
14. Maiden name Jerusha Anderson  
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Murtle Mondell  
(b) Address 28313 Bales  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-46 (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. L. Foster  
(b) Address 918 Brooklyn, KC Mo  
19. (a) 8-8-46 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6 year 1946 hour 11 minute 5 A.M.

21. I hereby certify that I attended the deceased from Aug. 1, 1946 to Aug. 6, 1946 that I last saw her alive on Aug. 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Aneurysm of left ventricle Hydrothorax with bilateral atelectasis  
Due to:

Other conditions (Include pregnancy within 3 months of death) 93 d

Major findings: Of operations

Of autopsy See above

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 0  
23. Signature W. W. Hart (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 8-7-46

Duration  
Physician  
Underline the cause to which death should be charged statistically.

AUG 21 1946

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 *C. H. Niece*.....

Licensed Embalmer No. *2570*.....

P. O. Address *K C 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.