

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36873**
Registrar's No. **5002**

FILED DEC 9 1946
Registration District No. **149**

Primary Registration District No. **1602**

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:
3406 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.** (Specify whether
In this community **50 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Bessie May Brigham**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **E. Terry Brigham** 6. (c) Age of husband or wife if alive **72 unknown** years
7. Birth date of deceased **November 30 1874**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 - 11 - 27 hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **J. M. Sheets** 7
Birthplace **unknown** (State or foreign country)
Maiden name **Nannie Clark** 7
Birthplace **unknown** (State or foreign country)

13. Informant **E. Terry Brigham**
Address **3406 Michigan, Kansas City, Mo.**

14. Disposition of body **burial** (b) Date thereof **11-30-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
Place: burial or cremation **Forest Hill Cemetery**

(d) Signature of funeral director **Stine & McClure**
3235 Gillham Plaza, K. C., Mo.

19. (a) **11-29-46** (Date received local registrar) **Therese Holmes** (Registrar's signature)

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. **3406 Michigan**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **27**
year **1946** hour **6:45** minute **P** M.

21. I hereby certify that I attended the deceased from **Coroner**, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**
Due to **arteriosclerosis**

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

Major findings:
Of operations _____
Of autopsy **no history + inspection**

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 **3**

23. Signature **James Williams** (M. D. or other) **Coroner**
Address **1944 Jeff** Date signed **11-28-46**

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

CORRECTED BY MARY E. B. 1947
Mother's name
Nannie Clark

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

[Handwritten Signature]
Licensed Embalmer No. *1495*
P. O. Address *17 @ 111*

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.

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson ss.

State File No. 36873

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5002

On this 19th day of March, 1947, before me appears.....

C. T. Brigham, who, upon his oath, states that the original record of ^{birth} death
for Bessie May Brigham, ^{died} ~~born~~ 11-27, 1946 in the State of
Missouri, and which was ~~led~~ ^{ed} at K.C. Mo. on 11-29-, 1946 should be corrected as follows:

Item No. 6c should read 72

Instead of unknown

Item No. 7 should read November 30, 1874

Instead of November 30, 1873

Item No. 8 should read 71-11-27

Instead of 72-11-27

Item No. should read.....

Instead of.....

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

(SEAL)

Affiant E.T. Brigham husband
Relationship.

3406 Michigan K.C. Mo.
Present Address.

Subscribed and sworn to before me this 19th day of March, 1947.

My Commission expires Oct. 20, 1947 Barrie M. Ruppelius Notary Public.

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

