

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1946
Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File 36874
Registrar's No. 4680

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:
512 Woodland Conv. Home 4
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 3 MO.
(Specify whether
In this community 7 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town 1312 Indiana
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George A. Brim
3. (b) If veteran, name war No
3. (c) Social Security No. 500-10-7798

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 6th
year 1946 hour 8 minute A M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Ercile
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased July 11 1877
(Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>3</u>	<u>25</u>	hr. min.

Immediate cause of death Coronary sclerosis
Due to Generalized atherosclerosis

9. Birthplace No Record Ohio
(City, town, or county) (State or foreign country)

Due to Hypertension
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Carpenter Retired

Major findings: Of operations 932
Of autopsy no
History & Inspection

MOTHER FATHER
11. Industry or business
12. Name Geo. Brim
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca E. Shoemaker
15. Birthplace No Record
(City, town, or county) (State or foreign country)

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) (e) Means of injury

16. (a) Informant Geo. S. Brim
(b) Address 1312 Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date there Nov 8 46
(Month) (Day) (Year)

22. (c) Place: burial or cremation Knob Noster Mo.
18. (a) Signature of funeral director [Signature]
(b) Address 7406 Wornall Rd.
19. (a) 11-8-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

22. (d) Signature [Signature] (M. D. or other)
Address 1424 1/2 Jay St Date signed 11-7-46

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
Stephen De

Licensed Embalmer No. *2810*

P. O. Address *K. C. ...*

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.