

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36876

Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. E. C. DA

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Minutes
In this community 35 Years
(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. 3700 Jefferson Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALBERT J. BRODIE
3. (b) If veteran, name war No
3. (c) Social Security No. 496-24-4470

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Pearl Brodie
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Sept. 27, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 1 29 hr. min.

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

10. Usual occupation Retired, Kansas City
11. Industry or business Life Insurance Co.

MOTHER FATHER
12. Name James Brodie
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pearl Brodie
(b) Address 3700 Jefferson, K. C. Mo.

17. (a) Burial (b) Date thereof 11-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 11-18-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 16th.
year 1946 hour 11:50 minute A. M.
21. I hereby certify that I attended the deceased from born, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death gun shot wound of head
Duration _____
Due to _____
Due to _____

Other conditions 104c
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy Identify + fragments

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence 11-16-46
Where did injury occur? 104c
(City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
In home
While at work? no (Specify type of place) (e) Means of injury 38 pistol

PHYSICIAN
Underline the cause to which death should be charged statistically.
23. Signature James [unclear] (M. D. or other) 3
Address 1424 [unclear] Date signed 11-17-46

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

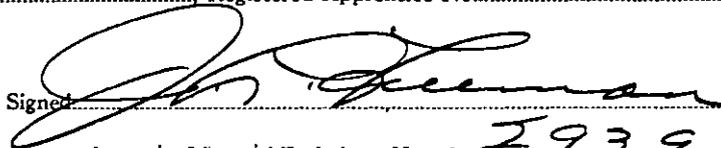
STATEMENT BY LICENSED EMBALMER

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. 2939

P. O. Address J. C. Hume

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.