S. No. 2
M—2-43
7. 5-17-39
6-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4748

Registrar's No. 774

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: 3420 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)

In this community: 32 years

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.: 3420 Locust
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Frances N. Brosius

3. (b) If veteran, name war: no.

3. (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: widowed

6. (b) Name of husband or wife: Carl Brosius

6. (c) Age of husband or wife if alive: dec. years

7. Birth date of deceased: September (Month) 21 (Day) 1870 (Year)

8. AGE: Years 76 Months 4 Days 29 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) D (State or foreign country)

10. Usual occupation: Retired Bookkeeper

11. Industry or business: x Court House

FATHER
12. Name: James K. Norfleet
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Laura Annie
15. Birthplace: unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant: Mrs. Jennie Norfleet,
(b) Address: Huntington, Indiana

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 2-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-20-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1947 hour 2:20 minute A. M.

21. I hereby certify that I attended the deceased from Jan 9, 1947, to Feb Jan 20, 1947, that I last saw h. alive on Feb 20, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	4 days
Due to: Cerebral Hemorrhage	4 days
Due to: Hypertension	years
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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? (Specify type of place)

While at work? (e) Means of injury: 2

23. Signature: Dr. Earl H. Smith (M.D. or other) D.O.

Address: 201 Werby Bldg. Date signed: Feb 20/47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Earl Smith

Wesley Bldg.

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 J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address R. 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.