S. No. 2
—12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13369

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1702

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: St Lukes Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999
(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No. 4428 Rainbow Blvd. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Entresta B. Brock

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernard Brock
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Aug. (Month) 29 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	7	14	hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name Alfred Kyte
13. Birthplace No record (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Sarah Hurd
15. Birthplace No record (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Bernard Brock
(b) Address 4428 Rainbow Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.
18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas
19. (a) 4-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1947 hour minute M.
21. I hereby certify that I attended the deceased from 4-11-47, 19 to 4-13-47, 19 47
that I last saw her alive on 4-13-47, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, chronic	few mon.
Due to Acute exacerbation of alive condition	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 93 d	
Of autopsy no	

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 0
23. Signature R. Atcheson MD (M. D. or other)
Address 3850 Prospect Date signed 4-14-47

(Licensed Embalmer's Statement on Reverse Side)

Athens
3856 Prospect

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 Jimmy S. Hutchison

Licensed Embalmer No. 4092

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.