

S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20844

State File No. _____

Registrar's No. 2728

FILED JUL 3 1947

Registration District No. 149

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 Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
K. G. General Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 da
In this community 4 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City Mo 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1301 Prospect 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Ida Bell Brizendine

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6- day 25th
year 1947 hour 2 minute 10Pm M.

21. I hereby certify that I attended the deceased from 5-31-47
19 to 6-25-47 19
that I last saw her alive on 6-25-47 19
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race w

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

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: 5-27-1882
(Month) (Day) (Year)

Immediate cause of death: anemia

Due to diabetes mellitus

Due to _____

Other conditions decubitus ulcers
(Include pregnancy within 3 months of death)

8. AGE: Years 65 Months 0 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

Major findings:
Of operations _____

Of autopsy as above

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

MOTHER FATHER

11. Industry or business _____

12. Name Noah Cole

13. Birthplace Clinton Mo
(City, town, or county) (State or foreign country)

14. Maiden name Martha Blain

15. Birthplace Springfield Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Brizendine

(b) Address 16 Clinton Mo

17. (a) Buried (b) Date thereof 6-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Mo

18. (a) Signature of funeral director Fred Weikert

(b) Address Clinton Mo

19. (a) 6-26-47 (b) Theraldine Holmes
(Date received local registrar) (Registrar's signature)

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. Signature W. W. Hart (M. D. or other) MD

Address Gen. Hosp #1 Date signed _____

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.....

Fred Wilkerson Jr., Registered Apprentice No. *434*,
working under my personal supervision.

Signed *Fred Wilkerson*

Licensed Embalmer No. *2478*

P. O. Address *Chester 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.