

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4736

State File No. \_\_\_\_\_

707

FILED MAR 1 1948 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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: \_\_\_\_\_  
7416 Paseo  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 30 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. 7416 Paseo  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mrs. Martha W. BRAWNER

3. (b) If veteran, name war no

3. (c) Social Security No. none

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 17  
year 1948 hour 12 Noon M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Richard J. Brawner

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

7. Birth date of deceased: January 28 1862  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 1948, to Feb. 17 1948,  
that I last saw her alive on Feb. 16 1948,  
and that death occurred on the date and hour stated above.

8. AGE: Years 86 Months 0 Days 19  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death myocardial failure  
hypertension heart.

Due to arteriosclerosis  
chronic nephritis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace Buffalo, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

Major findings: 131a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

**MOTHER, FATHER**

12. Name Frederick Weigelmesser

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

14. Maiden name Karoline E. Ruegger

15. Birthplace Switzerland  
(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? \_\_\_\_\_

16. (a) Informant Mrs. C. H. Dwyer

(b) Address 7416 Paseo, K. C., Mo.

17. (a) Removal (b) Date thereof 2-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner Springs, Ks.

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury 0

23. Signature Geraldine Holmes (M. D. or other) \_\_\_\_\_  
Address 801 1/2 Paseo K.C. Mo. Date signed 2/17/48

18. (a) Signature of funeral director Melody McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 2-17-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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**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.....

*Russell T. France*

Licensed Embalmer No. *4255*

P. O. Address..... *K.P. MA*

**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.**