

S. No. 300  
M-10-47  
y. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4739  
708  
Registrar's No. \_\_\_\_\_

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

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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
439 NO BELMONT AVE.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 YEARS 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. 439 NO BELMONT AVE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS RUTH L. BREWER  
(b) If veteran, name war No  
(c) Social Security No. 486-01-2973

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month FEBRUARY day 16<sup>TH</sup>  
year 1948 hour 7 minute 14 P. M.  
21. I hereby certify that I attended the deceased from Coroner, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife LUTHER J. BREWER 6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased MARCH 25 1899  
(Month) (Day) (Year)

Immediate cause of death suicide by hanging  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 48 Months 10 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 104N  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy yes, as above

9. Birthplace WELCH OKLAHOMA  
(City, town, or county) (State or foreign country)  
10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_  
12. Name JAMES IRA POOLE  
13. Birthplace GALESBURGH ILLINOIS  
(City, town, or county) (State or foreign country)  
14. Maiden name CORA KNOX  
15. Birthplace ATCHISON KANSAS  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Luther J. Brewer  
(b) Address 439 N. Belmont  
17. (a) BURIAL (b) Date thereof FEB 17 1948  
(Burial, cremation, or removal) (Month) (Day) (Year).  
(c) Place: burial or cremation HOLTON KANSAS  
18. (a) Signature of funeral director O. W. Newcomer  
(b) Address 1401 BRUSH CREEK BLVD  
19. (a) 2-17-48 (b) Deraldine 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) suicide  
(b) Date of occurrence 2-16-48  
(c) Where did injury occur? 100 Jackson mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
9m hours  
While at work? no (Specify type of place) (e) Means of injury by knife  
23. Signature Jessie Walker (M. D. or other) 3  
Address 1428 N. W. 1st Date signed 2-17-48

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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 John E. Fraking  
Licensed Embalmer No. 44803  
P. O. Address Kansas City, 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.**