

Registration District No. 149

Primary Registration District No. 1002

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. Joseph Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution since 10-1-47  
 (Specify whether  
 In this community 20 years  
 years, months or days)

3. (a) PRINT FULL NAME Oliver C. Brandenburg

3. (b) If veteran, name war no. 3. (c) Social Security No. 486-05-5261

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Margaret Brandenburg 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased February 22 1874  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>0</u>	<u>6</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business x

MOTHER FATHER {  
 12. Name E. P. Brandenburg  
 13. Birthplace unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Matilda Barty  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Brandenburg  
 (b) Address 3033 Paseo, Kansas City, Mo.

17. (a) burial (b) Date thereof 3-2-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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

19. (a) 3-2-48 (b) Heraldine Holmes  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County M Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3033 Paseo  
 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country x

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28  
 year 1948 hour 11 minute PM.

21. I hereby certify that I attended the deceased from Nov. 19 - 1947 to death - Feb 28 1948  
 that I last saw him alive on Feb 28 - 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Senescent metastasis of lymphoma.</u>	
Due to <u>primary site probably in cervical region (neck)</u>	
Due to _____	

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 55e  
 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?  
 \_\_\_\_\_

While at work? (Specify type of place) \_\_\_\_\_  
 (e) Means of injury 0

23. Signature R. Paul Wright (M. D. or other) MD  
 Address 1329 Prof. Bldg. Kansas City - Mo. Date signed Mar 1 - 48

*C. H. R. M.*

Dr. Paul Wright

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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 *Robert H. Reed*

Licensed Embalmer No. *3745-*

P. O. Address *15 C New*

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.