

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29675
Registrar's No. 3848

Registration District No. 19489

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:
4600 Mill Creek Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 4600 Mill Creek Blvd. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Ann Brentnall

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 30th. 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 4 20 hr. min.

9. Birthplace Ness City Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Partner
Brentnall Corset Shop

11. Industry or business _____
12. Name Robert E. Brentnall
13. Birthplace Hannibal Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Mills
15. Birthplace Cardiff Wales 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Sada Brentnall
(b) Address 4600 Mill Creek Blvd.

17. (a) Burial (b) Date thereof 9-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ness City, Kansas

18. (a) Signature of funeral director _____
(b) Address Kansas City, Missouri

19. (a) 9-21-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20
year 1948 hour 11:45 minute P M.

21. I hereby certify that I attended the deceased from Coroner, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary return
Due to arterial return

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 938

Major findings:
Of operations _____
Of autopsy Hearting & Jugular

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

23. Signature James Walker (M. D. or other) _____
Address 1424 1/2 Date signed 9-21-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Willie H. Bennett*

Licensed Embalmer No. *44-38*

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.