

FILED NOV 4 1948

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether 34 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. 1300 Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Reuben Brimhall
3. (b) If veteran, name war No
3. (c) Social Security No. 550-01-7953

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 2
year 1948 hour 1 minute 30 A. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Doris Brimhall
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased 11 8 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 29 1948 to Oct. 2 1948
that I last saw h. im alive on Oct. 2 1948
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
<u>58</u>	<u>10</u>	<u>24</u>	<u>hr.</u>	<u>min.</u>

Immediate cause of death
Hypertensive cardiovascular accident and arteriosclerotic heart disease with possible coronary occlusion

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

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

10. Usual occupation Watchman
11. Industry or business Kresges Stores
12. Name Walter Everett Brimhall
13. Birthplace Minn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lawson
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. L. Fred Hockey
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-1948
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

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? _____

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri
19. (a) 10-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

While at work _____ (Specify type of place)
(e) Means of injury D
23. Signature Wm. W. Hart (M. D. or other) med
Address Med. Dir. Gen'l Hosp. Date signed 10-11-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Artman

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 *Dean Owens*.....

Licensed Embalmer No. *4280*.....

P. O. Address *918 Brooklyn 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.