

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1180**  
Registrar's No. **306**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>35 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>5212 BROOKLYN AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FERN</b> b. (Middle) <b>HENRY</b> c. (Last) <b>BREWER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 20 1949</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>NOV. 14 - 1892</b>		9. AGE (In years last birthday) <b>56 YRS</b>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <b>JASPER CITY MISSOURI</b>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>			
10a. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASSISTANT CONSTRUCTION</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>NO. POWER LIGHT CO.</b>			

13a. FATHER'S NAME <b>HENRY BREWER</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA NEAL</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. DORA C. BREWER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>497-01-0277</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. DORA C. BREWER</b> ADDRESS <b>5212 BROOKLYN AVENUE KANSAS CITY, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis of the Pericardium and mediastinum</b>				INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Carcinoma of the Bronchus</b>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>10-1</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Pathologist**; 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Jack H. Hill</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Trinity Lutheran Hosp.</b>		23c. DATE SIGNED <b>20 Jan 49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN 22 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG <b>1-22-49</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newberry</b> ADDRESS <b>1401 BRUSH CREEK BLVD KANSAS CITY, MISSOURI</b>			

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

---

---

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Robert Ray*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *4182*

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.