

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 22 1949

State File No. 8282
849

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 20 min		d. STREET ADDRESS (If rural, give location) 5310 Cleveland	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Josephs			

3. NAME OF DECEASED (Type or Print) a. (First) Ray b. (Middle) Gene c. (Last) Brich			4. DATE OF DEATH (Month) (Day) (Year) 2/24/49		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 2-25-49		9. AGE (In years last birthday) 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) --		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (State or foreign country) Kansas City, Mo	
			12. CITIZEN OF WHAT COUNTRY US		

13a. FATHER'S NAME James Brich		13b. MOTHER'S MAIDEN NAME Jean Woodworth		14. NAME OF HUSBAND OR WIFE James Brich	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James Brich 5310 Cleveland K. C. Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Central placenta previa DUE TO (c) in mother This child lived about 20 min II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. it was 6-6 1/2 hrs. gestation				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
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19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION 7615		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min) ---		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 **Jan 24**, 19**49**, to **Jan 24**, 19**49**, that I last saw the deceased alive on **Jan 24**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE A. B. Sinclair, Jr. (Degree or title)		23b. ADDRESS 4711 Central		23c. DATE SIGNED 2-24-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/25/49		24c. NAME OF CEMETERY OR CREMATORY Green Lawn	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 2-24-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil Kansas City, Mo.	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John P. Steel*

Licensed Embalmer No. *3625*

P. O. Address. *66 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.