

FILED APR 6 1949 STANDARD CERTIFICATE OF DEATH

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1142

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 Independence	
c. LENGTH OF STAY (In this place) 4 hours		d. STREET ADDRESS (If rural, give location) R.R.# 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Henry c. (Last) Brush			4. DATE OF DEATH (Month) (Day) (Year) March 5, 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 16, 1893	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10b. KIND OF BUSINESS OR INDUSTRY Floyd Bailey Plg. Co.		11. BIRTHPLACE (State or foreign country) Orange County, Calif.		12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME Isreal Brush		13b. MOTHER'S MAIDEN NAME Alice Southwell		14. NAME OF HUSBAND OR WIFE Alpha Brush	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W One		16. SOCIAL SECURITY NO. 497 07 4268		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alpha Brush Independence, Mo.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 3/4/1949, to 3/5/1949, that I last saw the deceased alive on 3/5/1949, and that death occurred at 3:05P m., from the causes and on the date stated above.

23a. SIGNATURE L. W. Higgins (Degree or title) P. W. Higgins		23b. ADDRESS Post Buckner Mo		23c. DATE SIGNED 3/11/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 8, 1949		24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.	

DATE REC'D BY LOCAL REG. 3-12-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Address		Address	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 22 1949

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 Walter C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, 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.