

FILED NOV 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37626**

BIRTH NO. _____ REG. DIST. NO. **150** PRIMARY REG. DIST. NO. **5574** Registrar's No. **174**

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) Van Buren Twp.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 40 yrs.		d. STREET ADDRESS (If rural, give location) 2932 Park Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Lotawana 3			

3. NAME OF DECEASED (Type or Print)	a. (First) Frank	b. (Middle) P.	c. (Last) BREW	4. DATE OF DEATH (Month) (Day) (Year) Nov. 9, 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 5-2-77	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	10b. KIND OF BUSINESS OR INDUSTRY Stoffel Company	11. BIRTHPLACE (State or foreign country) Newtown, Connecticut	12. CITIZENRY OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Brew	13b. MOTHER'S MAIDEN NAME Mattie Maddigan	14. NAME OF HUSBAND OR WIFE Anna F. Brew
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Frank J. Brew, Vista, California	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 42
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Browning		
	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 Deputy Coroner	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.) State	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 10 49	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? boat turned over. 48
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE RE Elyar	(Degree or title) MO 2800	23b. ADDRESS main	23c. DATE SIGNED 11/10/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-12-49	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. Nov. 12, 1949	REGISTRAR'S SIGNATURE Donald C. Emanuel 378	25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar, Kansas City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 25 RECD

NOV 30 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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.