

STANDARD CERTIFICATE OF DEATH

State File No. **4669**
429

FILED FEB 17 1951

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

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) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 13 YEARS		d. STREET ADDRESS (If rural, give location) 107 Ward Parkway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 107 Ward Parkway			

3. NAME OF DECEASED (Type or Print) a. (First) Jacob b. (Middle) Kesser c. (Last) Brozman		4. DATE OF DEATH (Month) (Day) (Year) 1-29-51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-22-79
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSOCIATE	
10b. KIND OF BUSINESS OR INDUSTRY ALLIED SERVICE CO.		11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME UNKNOWN BROZMAN	

13b. MOTHER'S MAIDEN NAME UNKNOWN ROSE		14. NAME OF HUSBAND OR WIFE Edith Brozman	
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. 496-01-8486	
17. INFORMANT'S SIGNATURE OR NAME Max Lipman			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy, cerebral, severe	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 10 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **1-28**, 19**51**, to **1-29**, 19**51**, that I last saw the deceased alive on **1-28**, 19**51**, and that death occurred at **2:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE P. E. Pearson (Degree or title)		23b. ADDRESS 1025 Rialto Bldg. K.C. Mo	
23c. DATE SIGNED 1/29/51		23d. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE JAN 30 1951	
24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	

DATE REC'D BY LOCAL REG. 1-30-51		REGISTRAR'S SIGNATURE Stirling Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons		ADDRESS 1531 BRUSH CREEK KANSAS CITY, MO.	

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.

Student
Student Embalmer

Signed _____

Bernard J. Moran

Licensed Embalmer No. *4250*

P. O. Address *A. 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.