

FILED OCT 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33465**
4155

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

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| 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 town) Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (In this place) Life | | d. STREET ADDRESS (If rural, give location) 7130 Cleveland | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside Hospital | | | |

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|-------------------------------------|-------------------------|-----------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) HENRY | b. (Middle) H. | c. (Last) BRUMMER | 4. DATE OF DEATH (Month) (Day) (Year) 9 28 51 |
|-------------------------------------|-------------------------|-----------------------|--------------------------|---|

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| 5. SEX Ma | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Oct. 19-1885 | 9. AGE (In years last birthday) 65 | # UNDER 1 YEAR Months | # UNDER 2 WKS. Days | # UNDER 24 HRS. Hours | Min. |
|------------------|----------------------------|---|--------------------------------------|---|-----------------------|---------------------|-----------------------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret'd | 10b. KIND OF BUSINESS OR INDUSTRY Bldg. Contractor | 11. BIRTHPLACE (State or foreign country) Kansas City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Fredrick Brummer | 13b. MOTHER'S MAIDEN NAME Antonia Barnsdorff | 14. NAME OF HUSBAND OR WIFE Carrie Brummer |
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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. None | 17. INFORMANT'S SIGNATURE OR NAME Dora Brummer, 7130 Cleveland, K.C. Mo. | 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral apoplexy | | INTERVAL BETWEEN ONSET AND DEATH 4 hours 4 years 33 1/2 |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from March, 1932, to Sept. 28, 1951, that I last saw the deceased alive on Sept. 28, 1951, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE Dr. James J. Critten | 23b. ADDRESS 3119 Troost St. KC Mo. | 23c. DATE SIGNED Sept 28 51 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 10-1-51 | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill | 24d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
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| DATE REC'D BY LOCAL REG. 10-1-51 | REGISTRAR'S SIGNATURE Heraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE J. M. Wagner | ADDRESS K. C. Mo. |
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Alvin R. Haunschele

Signed.....
Student Embalmer

Licensed Embalmer No. *4159*

P. O. Address *K. 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.