

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8530**
1003

FILED MAR 25 1954

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 town) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 1937		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menora Medical Center		e. STREET ADDRESS (If rural, give location) 12 321st Ward Pkwy 3138	

3. NAME OF DECEASED (Type or Print) a. (First) Edith b. (Middle) F c. (Last) Brozman		4. DATE OF DEATH (Month) (Day) (Year) 3-3-54	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-17-1887
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	11. BIRTHPLACE (City and State or Foreign Country) EMPORIA KANSAS
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME BENJAMIN FRIEDBERG	13b. MOTHER'S MAIDEN NAME Hannah Rosenthal	14. NAME OF HUSBAND OR WIFE JACOB LESSER BROZMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Glenn Burr Adams ADDRESS 729 W. 46th Street Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		18. INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia - Post-op -		
	ANTECEDENT CAUSES DUE TO (b) Acute Intestinal Obstruction DUE TO (c) Fibrous Adhesions in Abdomen		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Essential Hypertension & Hemangioma of Esophagus		5 days 12 years 15 years	

19a. DATE OF OPERATION 3/3/54	19b. MAJOR FINDINGS OF OPERATION Acute Intestinal Obstruction due to Fibrous Adhesions	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)	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 **Sept 1940** to **March 5, 1954**, that I last saw the deceased alive on **March 4, 1954**, and that death occurred at **2 1/2 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Jack W. Wolf (Degree or title)	23b. ADDRESS 409 E. 63rd St. Kansas City, Mo.	23c. DATE SIGNED 3/6/54
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE MAR 8 1954	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 3-6-54	REGISTRAR'S SIGNATURE Sheraldine Smith	

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.....
Signature of Student Embalmer

Signed..... *Bernard S. Loran*

Licensed Embalmer No. *425*

P. O. Address..... *A. C. M.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.