

FILED FEB 17 1956 STANDARD CERTIFICATE OF DEATH

State File No. **5174**
568

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 Kansas b. COUNTY Wyandotte

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city (If incorporated town)? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Research Hospital

e. STREET ADDRESS (If rural, give location) 1126 South 34th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Alice b. (Middle) I. c. (Last) Van Brunt 4. DATE OF DEATH (Month) (Day) (Year) Feb. 6 1956

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May. 8. 1889

9. AGE (In years) (Months) (Days) (Hours) (Min.) 66

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Frank Parker

13b. MOTHER'S MAIDEN NAME Mary Buchanan

14. NAME OF HUSBAND OR WIFE George T. Van Brunt

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 ADDRESS Mr. George T. Van Brunt KCKs.

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) Carcinoma of the breast
ANTECEDENT CAUSES DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170x

INTERVAL BETWEEN ONSET AND DEATH 9 years

19a. DATE OF OPERATION 1947

19b. MAJOR FINDINGS OF OPERATION Carcinoma of left breast

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (a. In, on or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, to Feb 4, 1956, that I last saw the deceased alive on Feb. 4, 1956, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Smith (Degree or title) MD

23b. ADDRESS 830 Argyle Bldg.

23c. DATE SIGNED Feb. 7, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE Feb. 8 1956

24c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory

24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 2-7-56 REGISTRAR'S SIGNATURE Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK

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 *Donan K. James*.....

Licensed Embalmer No. *482*

P. O. Address *K. A. K.*

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.