

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16256**
Registrar's No. **2125**

FILED MAY 31 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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 OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 16 yrs	c. CITY OR TOWN Kansas City	d. 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 St Mary's Hospital		e. STREET ADDRESS (If rural, give location) 1204 W. 66th Terrace	

3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) La Verne c. (Last) Brandhorst			4. DATE OF DEATH (Month) (Day) (Year) May 15 1956		
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, D WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 12-23-1923	9. AGE (In years last birthday) 32	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at Home		10b. KIND OF BUSINESS OR INDUSTRY X X	11. BIRTHPLACE (City and State or Foreign Country) St Wayne, Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Walter W. Brandhorst	13b. MOTHER'S MAIDEN NAME Lydia Bergeman	14. NAME OF HUSBAND OR WIFE X X
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, specify) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter W. Brandhorst	ADDRESS 1204 W 66 Terr.
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Bronchial Pneumonia		14 days
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	ANTECEDENT CAUSES		20 years
	DUE TO (b) COP Pulmonale		21 years
	DUE TO (c) Emphysema, old		21 years
II. OTHER SIGNIFICANT CONDITIONS		Congenital	
Conditions contributing to the death but not related to the disease or condition causing death.		253X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 **2 May, 1956**, to **15 May, 1956**, that I last saw the deceased alive on **15 May, 1956**, and that death occurred at **4:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Fred H. Lundgren Jr. (Degree or title) D	23b. ADDRESS 815 Nichols Road	23c. DATE SIGNED 15 May '56
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24a. BURIAL, CREMATION-REMOVAL (Specify) Burial	24b. DATE 5-17-56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 5-16-56	REGISTRAR'S SIGNATURE newa minshall	25. FUNERAL DIRECTOR'S SIGNATURE Magner Funeral Home	ADDRESS K.C. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*no 1-8833
could after 12*

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 *Alvin R. Hausch*.....

Licensed Embalmer No... *412*

P. O. Address... *H. C. W.*

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.