

FILED JAN 17 1958

STANDARD CERTIFICATE OF DEATH

47219
STATE FILE NUMBER
6180

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY NORTH		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			Length of stay in 4 DAYS		d. STREET (If outside, give location) ADDRESS 4739 NORTH WINN ROAD		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EMMA Middle N. Last BRAUN				4. DATE OF DEATH Month DEC. Day 27 Year 1957					
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH APRIL 18 1879		9. AGE (In years last birthday) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) HENRY COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME RICHARD DAVIS			13b. MOTHER'S MAIDEN NAME ZYLPHA SANDERS			14. NAME OF HUSBAND OR WIFE CHARLES BRAUN			
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 Address MRS HAZEL BROWN 4739 N. WINN ROAD KANSAS CITY, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rectal hemorrhage - etiology unknown							INTERVAL BETWEEN ONSET AND DEATH 2 days		
DUE TO (b) unknown etiology									
DUE TO (c) Scleroderma							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 17 Dec '57 to 27 Dec '57 and last saw her alive on 26 Dec '57 Death occurred at 2:26 P. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) William R. Doherty, M.D.				22b. ADDRESS 12921 Grandview Rd.			22c. DATE SIGNED 12-28-57		
23a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 29 1957	23c. NAME OF CEMETERY OR CREMATORY GOD ACRES CEMETERY			23d. LOCATION (City, town, or county) (State) OSCEOLA MISSOURI			
24. FUNERAL DIRECTOR DW. NEWCOMER & SONS			ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 12-28-57		26. REGISTRAR'S SIGNATURE Gene Minshall		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. **William R. Doherty, M.D.** USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

V
2

see reverse

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 *Thomas W. T. Larson*

Licensed Embalmer No. *4889*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

10:00:4:50