

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13651**
Registrar's No. **1632**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Mo. & 6 days**
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL") **3**
(d) Street No. **615 East 9th St.**
(If rural, give location) **8**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Beverly Brown**

3. (b) If veteran, name war **No** 3. (c) Social Security No. _____

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S.** **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug. 17th 1878**
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **29** If less than one day hr. _____ min. _____

9. Birthplace **Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **No record** **9**

13. Birthplace **No record**
(City, town, or county) (State or foreign country)

14. Maiden name **No record**

15. Birthplace **No record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **K.C. General Hospital, K.C. Mo.**

17. **State Inst. Buried** Date thereof **4-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **State Inst. Buried**

18. (a) Signature of funeral director **Wm A. Johnson**

(b) Address **11 E. 1st St. Kansas City**

19. (a) **Apr 25, 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15th**
year **1941** hour **2** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **10-9-40** 19____
im **4-15-41** 19____
that I last saw h. _____ alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Adenocarcinoma of rectum with meta-
tases to regional lymphatics

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 9 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature **Henry R. Johnson** (M. D. or other) **0**

Address **Med. Dir. K.C. Gen. Hospital K.C. Mo.**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision..

Signed

Wm. A. Johnson

Licensed Embalmer No. *3089*

P. O. Address. *F. 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.