

Registration District No. 399 Primary Registration District No. 1002 Registrar's No.

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 2315 Woodland
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 years (Specify whether years, months or days)
 In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2315 Woodland
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
 year 1941 hour 1 minute 50 PM.

21. I hereby certify that I attended the deceased from Sept. 1 - 1940 to May 23 - 1941
 that I last saw him alive on May 23 - 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Rectum
 Duration
 Due to
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: None
 Of operations
 Of autopsy

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 L. W. Bunker (M. D. or other)
 Address 2028 2nd Date signed 8/24/41

3. (a) PRINT FULL NAME Margaret Brown

3. (b) If veteran, name war None J. (c) Social Security No. None

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John H. Brown 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 3, 1896
 (Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 20
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Thomas Harrison

12. Name Thomas Harrison

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Fannie House

15. Birthplace Texas
 (City, town, or county) (State or foreign country)

16. (a) Informant John Brown

(b) Address 2315 Woodland

17. (a) burial (b) Date thereof 5/26/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Robbins Bros
 (b) Address 1729 Lydia

19. (a) May 26 1941 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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

17389

X26390

FILED JUN 10 1941

Booker

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.....

J. Manlove

Licensed Embalmer No. *3994*

P. O. Address. *1120 E. 23rd*

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.