

FILED OCT 15 1941

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3557

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-16-41-9-17-41
In this community Uniontown (Specify whether years, months or days)

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. 3412 E. 18th St. A
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17
year 1941 hour 8 minute 30 p.a.m.
21. I hereby certify that I attended the deceased from September 16, 1941 to September 17, 1941
that I last saw her alive on September 17, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis (Advanced)
Due to: Pleural effusion
Due to: 12/15
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration
c
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME ALBERTA BROWN

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

4. Sex Female 5. Color or race NEgro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Don't know (Month) (Day) (Year)

8. AGE: Years 27 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Don't know

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

14. Maiden name Don't know

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) _____ (b) Date thereof 9-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation State Inst. Burial

18. (a) Signature of funeral director Wm J. Schmeiss

(b) Address City, Missouri

19. (a) 9/24/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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) Means of injury _____
23. Signature J. C. Theis (M.D. or other) _____
Address Plen. 1. Wash #2-600 to 22nd Date signed 9-24-41

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

8300

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.....

Licensed Embalmer No. *3089*

P. O. Address *ITC MD*

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.