

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4592

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution (Home) 2452 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 28 yrs. (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kennett
(If outside city or town limits, write "RURAL")
(d) Street No. 2452 Michigan
(If rural, give location)
(e) Citizen of foreign country no (Year No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 9
year 1941 hour 2 minute A.M.
21. I hereby certify that I attended the deceased from 11-16-41
to 12-9-41, 1941.
I last saw him alive on 12-9-, 1941.
and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of uterus Duration 3 yrs.

3. (a) PRINT FULL NAME Maggie Brown

3. (b) If veteran, name war no 3. (c) Social Security Don't know

4. Sex Fe 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Nov 11 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 28 If less than one day
hr. _____ min. _____

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

10. Usual occupation unemployed

11. Industry or business Home

12. Name Granison Roberts

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Mary Shepherd

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Twintenia Jackson

(b) Address 2452 Michigan

17. (a) Burial (b) Date there 12-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place Independence, Mo

18. (a) Signature of funeral director Florus J. Resnick

(b) Address 1819 E. 15th Kc Mo

19. (a) Dec. 11, 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Due to Chronic myocarditis
Due to arteriosclerosis

Other conditions 48B
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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 W. A. Love M.D. (M. D. or other)
Address 1820-N-3rd St Date signed 12-9-41

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

AMB

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.....

Edw. J. ...

Licensed Embalmer No.

3836

P. O. Address.....

18146 15th Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.