No. 2 -
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1102

Registrar's No. 80

1. PLACE OF DEATH: ~~Brocious Infant~~ Jackson
(a) County
(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 No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hrs. (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 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. 409 Archibald
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME BROCIOUS INFANT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan. (Month) 6 (Day) 1942 (Year)

8. AGE: Years | Months | Days | If less than one day 3½ hr. min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Chas. E. Brocious
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Van Camp
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. E. Brocious
(b) Address 409 Archibald St. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Weilert Funeral Home
(b) Address 2332 Monitor Place: K.C. Mo.

19. (a) 1-8-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th
year 1942 hour 6 minute 10 A.M. M.

21. I hereby certify that I attended the deceased from 1-6-42, 19..., to 1-6-42, 19...; that I last saw h. im alive on 1-6-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Erythroblastosis fetalis

Due to

Due to 16 C

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 16 C

Of autopsy See above

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 Denny R. Thomo (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Ave

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

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