

FILED AUG 17 1942

Registration District No.

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:
801 North Prospect
(If out in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community 35 yrs.
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. 801 North Prospect
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles Brill

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hester Brill 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased Aug -- Unknown--
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 60 Unknown
hr. min.

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

10. Usual occupation Retired Engineer

11. Industry or business K.C. Southern Ry.

12. Name No Record
13. Birthplace No Record
(City, town, or county) (State or foreign country)
14. Maiden name No Records
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Hester Brill

(b) Address 801 North Prospect

17. (a) Burial (b) Date thereof Aug. 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
Green Lawn Cem.

(c) Place: burial or cremation Mrs C.L. Forster

18. (a) Signature of funeral director 918 Brooklyn

(b) Address 8-5-42 (c) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3
year 1942 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hyper-tensive myocarditis
Moderate acute pulmonary edema.

Due to 124 B

Other conditions Cirrhosis of the liver
(Include pregnancy within 7 months of death)

Major findings: All above
Of operations

Of autopsy All above

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. M. (M. D. or other)
Address J.C. M. Date signed 8/3/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

48
83

AUG 22 1942

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 Theron A. Redman
Licensed Embalmer No. 2937
P. O. Address N.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.