

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3518

1. PLACE OF DEATH
(a) County Jackson Mo.
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. Tuberculosis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 2 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. 1841 W. Pennway Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dorothy Brown.
3. (b) If veteran, no name war. 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 21, year 1942 hour 4:45 P.M.
21. I hereby certify that I attended the deceased from Sept. 17, 1942, to Sept. 21, 1942, that I last saw her alive on Sept. 21, 1942, and that death occurred on the date and hour stated above.

5. Color or race W.
6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife: Ross S. Brown
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased April 10, 1912 (Month) (Day) (Year)

Immediate cause of death: Far advanced bilateral active pulmonary tuberculosis
Due to: 13B
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: Of autopsy:

8. AGE: Years 30 Months 5 Days 11 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business

12. Name: Otto Hul Holland

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

14. Maiden name: Edith Matney

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

16. (a) Informant: K.C. Hospital (b) Address: K.C. Mo.

17. (a) Burial (b) Date thereof: 9/24/42 (Month) (Day) (Year)

(c) Place: burial or cremation: Maple Hill Cemetery

18. (a) Signature of funeral director: Edith Matney

(b) Address: 1991 Platte Blvd. N.E. Kansas

19. (a) 9/24/42 (b) M. M. Crow (Date received local registrar) (Registrar's signature)

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) Means of injury

23. Signature: (M. D. or D.O.) Date signed: 9/21/42
Address: K.C. Hospital

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

MOTHER FATHER

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. 3991

P. O. Address. 309 E 67 St.

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.