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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32640

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 4011

1. PLACE OF DEATH:

(a) County Jackson

(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:
Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours (Specify whether
In this community 10 hours
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. 1000 E. 33rd St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Baby Robert Windsor Brott

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

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 October (Month) 29 (Day) 1942 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	10 hr. min.

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

10. Usual occupation ---

11. Industry or business

FATHER
12. Name Jack Brott
13. Birthplace Boonville (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Chloe Lee Windsor
15. Birthplace Woolridge (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mr. Jack Brott
(b) Address 1000 E. 33rd St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-30-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Boonville, Mo.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 10-30-42 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 29
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 10-29, 1942 10-29, 1942
that I last saw him alive on 10-29, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute respiratory failure

Due to Congenital defect

Due to

Other conditions none 157 m
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature George V Fuss (M. D. or other)
Address 102 Professional Date signed 10-30-42

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(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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address Kemo

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.