

State File No.

FILED NOV 19 1942
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4119

1. PLACE OF DEATH:

(a) County Jackson
Kansas City
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-27-42-10-18-42
(Specify whether
In this community 10 years
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. 2108 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME GERTRUDE BROWN

3. (b) If veteran, name war no (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Brown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased: June 13 1909
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 5 If less than one day
hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Lee Johnson

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

14. Maiden name unk.
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk.
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation beds

18. (a) Signature of funeral director Wm. A. Johnson

(b) Address City Harrison

19. (a) 11-6-42 (b) R. M. Grome
(Date received local return) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1942 hour 12 minute 15 p.m.

21. I hereby certify that I attended the deceased from September 27, 42 to October 18, 42
that I last saw her alive on October 18, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococic Meningitis

Due to Pneumococic Otitis Media

Due to 10/1

Other conditions Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature g. A. Johnson (M. D. or other)
Address Gen. Hosp. #2-600 Date signed 10-20-42

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

P. O. Address.....

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.