

FILED NOV 19 1942
1942

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4139

1. PLACE OF DEATH:
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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-27-42-11-2-42
(Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State. Missouri (b) County. Jackson 3
(c) City or town. Kansas City R
(If outside city or town limits, write "RURAL")
(d) Street No. 557 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SARAH BROWN
3. (b) If veteran, name war. no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 2
year 1942 hour 6 minute 20 a. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced. 2 Widowed
6. (b) Name of husband or wife. MR. R. C. HESTLAW
6. (c) Age of husband or wife if alive. 4 years
7. Birth date of deceased. October 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
October 27, 1942, to November 2, 1942;
that I last saw her alive on November 2, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death. Generalized Carcinomatosis
Duration

8. AGE: Years Months Days If less than one day
52 0 28 29 hr. min.

Due to Primary Adeno-carcinoma of cervix
Due to 48a

9. Birthplace St. Joseph Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation. None

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Aaron Braxton
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Julia Pierson
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (b) Date thereof 11-7-42
(Month) (Day) (Year)
(c) Place: Burial or cremation. Hestlaw R. C.
18. (a) Signature of funeral director. Mrs. J. H. Jones
(b) Address 440 State Ave.
19. (a) 11-7-42 (b) Mr. M. Crow
(Date received local registrar) (Registrar's signature)

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. H. Jones (M. D. or other)
Address. Gen. Hosp. #2-6016.22 Date signed 11-4-42

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 Eugene English
Licensed Embalmer No. 41030
P. O. Address K-C. Kansas

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.