

FILED MAY 3 1943

1628

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

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: 3707 Genessee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community all his life, 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. 3707 Genessee
(If rural, give location)
(e) Citizen of foreign country? x (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Harry Dunlap Brown,

3. (b) If veteran, name war World War #1
3. (c) Social Security No. 486-03-8076

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

6. (b) Name of husband or wife Blanche Brown
6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased October 14 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 21 hr. min.

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

10. Usual occupation Test Board,

11. Industry or business Southwestern Bell Tel. Co.

MOTHER FATHER

12. Name Unknown,

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. Blanche Brown,

(b) Address 3707 Genessee, Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Washington

18. (a) Signature of funeral director Stim & McClure,

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 4-6-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1943 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 15
1940 to April 5 1943
that I last saw him alive on April 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Due to 46 M
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Rectum
Of operations
Of autopsy not done

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?

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

23. Signature Ed Wirtz (M. D. or other)
Address 915 Argyle Bldg Date signed 4-5-43

Dr. E. N. Gentry, Argyle Bldg., Ha 150

2-30 P.M.

MAY 4 1943

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address J. 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.