

FILED FEB 14 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 538

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Kans
(If outside city or town limits, write "RURAL")
(d) Street No. 621 S. 6th.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Carl Raymond Brown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd
year 1945 hour 10:30 minute _____ M.

3. (b) If veteran, name war no. 3. (c) Social Security No. 787-05-9844

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

I hereby certify that I attended the deceased from Jun 26, 1945, to Feb 22, 1945; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 5 (Month) 14 (Day) 1903 (Year)

Immediate cause of death _____

8. AGE: Years 41 Months 8 Days 18 If less than one day _____ hr. _____ min.

Due to Carcinoma of rectum

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

Due to _____

10. Usual occupation Roofer

Other conditions 46 yr
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____
12. Name J. W. Brown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Unknown
15. Birthplace II (City, town, or county) 0 (State or foreign country)

Major findings: _____

Of operations _____
Of autopsy None

16. (a) Informant Mr. M. Brown
(b) Address 758 Osage

22. If death was due to external causes, fill in the following:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill KCK

(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? _____

18. (a) Signature of funeral director H.H. Daniels
(b) Address 7th & Kans

While at work? _____ (Specify type of place) (c) Manner of injury 1

19. (a) 2-3-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

23. Signature Clark W. Seely (M. D. or other) 2-4-45
Address Med. Dir. Gen'l Hosp. Date signed _____

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

2598

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.....

Chick R Werner

....., Registered Apprentice No. *2598*

working under my personal supervision.

Signed *Chick R Werner*

Licensed Embalmer No. *2598*

P. O. Address *Washing Bawl 187*

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.

HCN