

No. 2
-5-43
5-17-39
I X36671

State File No.

Registrar's No.

FILED MAR 18 1946

Registration District No. 149

Primary Registration District No. 1002

1104

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:
2716 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 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. 2716 Troost
(If rural, give location)

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

3. (a) PRINT FULL NAME Jess D. Brockway

3. (b) If veteran, name war No

3. (c) Social Security No. 492-18-7074

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Helen M. Brockway

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased 2-3-1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>1</u>	<u>3</u>	hr. min.

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

10. Usual occupation Barber

11. Industry or business _____

12. Name Samuel H. Brockway

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

14. Maiden name Anna

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

16. (a) Informant Mrs. Helen M. Brockway

(b) Address 2716 Troost

17. (a) Burial (b) Date thereof 3-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Missouri

19. (a) 3-6-46 (b) Staldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 1946 hour 4:30 minute 0 M.

21. I hereby certify that I attended the deceased from 2:00 1946 to _____ 1946
that I last saw h alive on _____ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia

Due to Pleural Effusion

Due to Influenza

Other conditions! _____
(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) (e) Means of injury ?

23. Signature James M. ... (M. D. or other) _____

Address 1424 ... Date signed 3-5-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8219

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm K Jackson
Licensed Embalmer No. 3954
P. O. Address NC 5ms

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.