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

FILED OCT 7 1946

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3961

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: St. Lukes Hospital
(If not in hospital or institution, write street/number or location)

(d) Length of stay: In hospital or institution no days
(Specify whether years, months or days)

In this community Lifetime
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry ⁴²

(c) City or town Clinton ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 104 East Clinton ²
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) ¹

If yes, name country _____

3. (a) PRINT FULL NAME Miss Mary Jean Brown

3. (b) If veteran, name war no

3. (c) Social Security No. not known

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18, 1946
year 1946 hour Midnight minute _____ M.

21. I hereby certify that I attended the deceased from Sept 7, 1946, to Sept 17, 1946, that I last saw her alive on Sept 17, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 3 days

4. Sex Female 5. Color of race White

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

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

7. Birth date of deceased: February 23 1928
(Month) (Day) (Year)

Due to massive infarction of liver (anemic infarction) 4 days

Due to Hepatic artery thrombosis 4 days

Other conditions: 117B
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

18 6 25 hr. _____ min.

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

10. Usual occupation Student

Major findings: 117B
Of operations Polypic obstruction from old healed perforated duodenal ulcer

Of autopsy Confirmed above

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

MOTHER FATHER

11. Industry or business _____

12. Name Lawrence Brown

13. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary White

15. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Brown

(b) Address Clinton, Missouri

17. (a) Removal (b) Date thereof Sept 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

18. (a) Signature of funeral director W. H. Newcomer, D.D.S.

(b) Address 148 Brush Creek Blvd.

19. (a) 9-18-46 (b) Geraldine Holmes
(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) (e) Means of injury _____

23. Signature J. H. Dangle (M. D. _____)

Address St. Lukes Hospital K.C. Mo. Date signed 9-18-46

W. K. ... - No. 0022

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. 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.