

Registration District No. 149

Primary Registration District No. 1002

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: MORTB HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 23 days
(Specify whether
In this community 31 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 HOLMES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Dorothea Brown

3. (b) If veteran, name war NO. 3. (c) Social Security No. 499148650

4. Sex F 5. Color or race WHITE 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife FRANK A. BROWN 6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased AUGUST 26 (Day) 1915 (Year)

8. AGE: Years 31 Months 3 Days NO If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER { 12. Name TOALSON GEORGE F.
13. Birthplace BOONE COUNTY MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name TOALSON MARY
15. Birthplace BOONE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MORTB HOSPITAL
(b) Address LEEDS, MISSOURI

17. (a) Burial (b) Date thereof 11-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk.

18. (a) Signature of funeral director [Signature]
(b) Address 7406 Wornall Rd

19. (a) 11-29-46 (b) [Signature]
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER, day 26, year 1946 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 7 46 to 11-26, 1946, that I last saw him/her alive on 11-26, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 1 year

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 36

Major findings: Of operations _____
Of autopsy _____
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 [Signature] (M. D. or other) MD
Address Kansas City, Mo Date signed 11-26-46

APR 28 1947

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 *Walter Roe*
Licensed Embalmer No. 2810
P. O. Address F. E. 200

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.