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FILED JUL 22 1948, 49

Primary Registration District No. 1002

Registrar's No. 2884

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 2 days (Specify whether
In this community 50 years
years, months or days)

3. (a) PRINT FULL NAME EVA BROWN
3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 13, 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name James H. Clark
13. Birthplace Dade County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Gally Prather
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Everett Clark
(b) Address 605 Warren St., Topeka, Kansas

17. (a) Burial (Burial, cremation or removal) (b) Date thereof 7-14-48
(Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 7-13-48 (Date received local registrar) (b) M. D. Holmes (Registrar's signature)

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. 2940 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1948 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 10, 1948, to 7-12-48
that I last saw her alive on 7-12 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage

Due to Carcinoma of rectum

Due to

Other conditions 462
(Includes pregnancy within 5 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) (c) Means of injury

23. Signature Wm W. Hart (M. D. or other) MD
Address New Hosp. #1 Date signed

48
0-19-10

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 H. Corwin

Licensed Embalmer No. 4352

P. O. Address. Kansas City, 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.