

MAY 15 1940

State File No. _____

1667

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
2715 HARRISON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2715 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME DORA BROWN 650

20. DATE OF DEATH: Month April day 14
year 1940 hour 3:30 AM minute _____ M.
21. I hereby certify that I attended the deceased from Jan. 1937
_____ 19 _____ to April 14 19 40

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

that I last saw her alive on April 16 19 40
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

Immediate cause of death _____

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

Chr. Myocarditis
Myocardial failure

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

Due to arteriosclerosis
hypertension

8. AGE: Years 78 Months - Days - If less than one day hr. _____ min.

Due to Senility

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation AT HOME

Major findings: Of operations _____

11. Industry or business ?

Of autopsy _____

12. Name DAVID

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

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

14. Maiden name UNKNOWN

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

16. (a) Informant JOSEPH BROWN
(b) Address 2715 HARRISON, K.C. MO

17. (a) BURIAL (b) Date thereof 4-19-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. CARMEL

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? _____

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 WOODLAND, K.C. MO
19. (a) April 19, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

23. Signature J. M. Shupps (M. D. or other)
Address 728 Maple Blv. Date signed 4-14-40

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.....

Myself

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

But Legan

Licensed Embalmer No. 3979

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, above space should be left blank.