

NOV 12 1940

Registration District No. _____

Primary Registration District No. **1002**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 #2
(If not in hospital or institution, write street number or location.)
(d) Length of stay: In hospital or institution **10-21-40-10-28-40**
(Specify whether
In this community **67 years**
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. **807 Jefferson**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **28**
year **40** hour **7** minute **50 P. M.**
21. I hereby certify that I attended the deceased from
10-21- 19 **40** to **10-28-** 19 **40**
that I last saw h. **10** alive on **10-28-** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Primary Carcinoma of Stomach

Due to
Generalized Metastasis

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME **Frank Reed**

3. (b) If veteran, name war **Unk.** 3. (c) Social Security No. **Unk.**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **12 8 1862**
(Month) (Day) (Year)

8. AGE: Years **78** Months **10** Days **20** If less than one day hr. min.

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

10. Usual occupation **none**

11. Industry or business

MOTHER FATHER
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Record Clerk**

(b) Address **Gen. Hosp. #2**

17. (a) **Burial** (b) Date thereof **10-30-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge**

18. (a) Signature of funeral director **Shirley J. Maloy**

(b) Address **15-13 South**

19. (a) **Oct. 30, 1940** (b) **M. M. Brown**
(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. O. Brown** (M. D. or other)
Address **Gen Hosp. #2** Date signed **10-28-40**

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *L. J. Harris*

Licensed Embalmer No. *3388*

P. O. Address *K.C. 740*

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.