

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

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.

JAN 10 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4827

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 Municipal The Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 2 Mo 1 da
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Walter Brewer

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

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Myrtle Brewer
 6. (c) Age of husband or wife if alive 37 years
 7. Birth date of deceased Aug 16 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation K.C. Mo. Police

11. Industry or business _____

MOTHER FATHER
 { 12. Name Arthur Brewer
 { 13. Birthplace La Porte Ind
(City, town, or county) (State or foreign country)
 { 14. Maiden name Ella Jarnice
 { 15. Birthplace Marion Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Hosp Records
 (b) Address Leeds Station

17. (a) Burial (b) Date thereof Dec. 21, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial of Forest Hill Cemetery

18. (a) Signature of funeral director H. H. Newcomer Son
 (b) Address 1401 Brush Creek Blvd.

19. (a) 12-20-40 (b) M. M. Brewer
(Date received local registrar) (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. 5520 Tracey
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
 year 1940 hour 5 1/2 minutes 9 M.

21. I hereby certify that I attended the deceased from October 18, 1939, to Dec 17, 1940,
 that I last saw h. i. m. alive on Dec 17, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pul Tbc
 Due to 17

Due to _____

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

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? 36
(Specify type of place) (e) Means of Injury _____
 While at work? _____

23. Signature R. H. ... (M. D. or other) _____
 Address K.C. The Hospital Date signed _____

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

Ernie 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, above space should be left blank.