

No. 2
4-13-40
5-17-39
I X23159

FILED JAN 24 1942
Registration District No. _____

Primary Registration District No. 1002

48
8
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: Leeds T B Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr 5 mo 27 days
(Specify whether In this community 23 years years, months or days)

3. (a) PRINT FULL NAME ELLA MAE BROWN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased October 14, 1916
(Month) (Day) (Year)

8. AGE: Years 25 Months 1 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stenographer

11. Industry or business _____

MOTHER FATHER {

12. Name George Brown

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

14. Maiden name Edith Washington

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

16. (a) Informant Leeds T B Hospital

(b) Address Leeds Missouri

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 12/9/41
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) Dec 9 1941 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁰⁴⁸

(c) City or town Kansas City ⁸
(If outside city or town limits, write "RURAL")

(d) Street No. 2813 Highland Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5 year 1941 hour 10 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 8 to Dec 5, 1941, that I last saw her alive on Dec 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Far advanced bilateral active pulmonary tuberculosis

Due to _____

Due to 19 B 1

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? _____

(Specify type of place) _____

White at work? _____

Means of injury _____

23. Signature A. C. Meyer (M. D. or other) 12/6/41

Address 1076 Oak Hill Date signed 12/6/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.