No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41055

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4735

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

48 38

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: 1526 East 49th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether years, months or days)
In this community Life /

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048 3 D
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1526 East 49th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Infant Roberta 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 Single
6. (b) Name of husband or wife ———
6. (c) Age of husband or wife if alive ——— years
7. Birth date of deceased December (Month) 19 (Day) 1941 (Year)
8. AGE: Years 0 Months 0 Days 0 If less than one day 7 hr. 20 min.
9. Birthplace Kansas City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation None
11. Industry or business None

MOTHER FATHER
12. Name Lewis Brown
13. Birthplace Bolivar (City, town, or county) Missouri (State or foreign country)
14. Maiden name Olma Wohlemuth
15. Birthplace Triplett (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Lewis Brown
(b) Address 1526 East 49th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Overland Park Kansas Antioch Cemetery
18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 12/20/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1941 hour 7 minute 10 P. M.
21. I hereby certify that I attended the deceased from Dec 19, 19__, to Dec 19, 1941; that I last saw her alive on Dec 19, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Asphyxia	5 hrs
Due to: Premature 6 1/2 months gestation	
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? (Specify type of place)
While at work? — (e) Means of injury —
23. Signature E. H. Slusher (M. D. ~~or other~~) 0
Address 900 Rialto Bldg Date signed 12-20-41

(Licensed Embalmer's Statement on Reverse Side)

Death Cert
12-3

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 C. Harvey Quisenber

Licensed Embalmer No. 4070

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.