. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1104

Registration District No. 379 Primary Registration District No. 1002 Registrar's No. 364

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-22-42-1-23-42 (Specify whether years, months or days) In this community 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 8
(d) Street No.: 1704½ E. 18 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: CORA BROWN
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Female
5. Color or race: Negro 3
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Dont Know
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: March (Month) 9 (Day) 1899 (Year)
8. AGE: Years 42 Months 10 Days 14 If less than one day ... hr. ... min.
9. Birthplace: Waco (City, town, or county) Texas (State or foreign country) 1
10. Usual occupation: Unemployed
11. Industry or business: —
FATHER
12. Name: Deceased
13. Birthplace: Dont Know (City, town, or county) Okla. (State or foreign country)
MOTHER
14. Maiden name: Deceased
15. Birthplace: Dont Know (City, town, or county) Dont Know (State or foreign country)
16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: West Appleton Funeral
(b) Address: 1905 Vine St
19. (a) 1/27/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1942 hour 2 minute 05 a. M.
21. I hereby certify that I attended the deceased from January 22, 1942, to January 23, 1942, that I last saw her alive on January 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Toxemia with anoxemia	
Due to: Massive infected Cystadenoma of the ovary	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 560	

Major findings:
Of operations:
Of autopsy: Same as above.

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? Yes Cause Means of injury:
23. Signature: G. O. Rinne (M.D. or other)
Address: Hosp. 2-600 E. 22 Date signed 1-27-42

(Licensed Embalmer's Statement on Reverse Side)

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. W. West.

Licensed Embalmer No. 2710

P. O. Address Kansas City, 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.