

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1860

1. PLACE OF DEATH:

(a) County Jackson County
 (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 5-8-42-5-10-42
(Specify whether years, months or days)
 In this community 1 year

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. 1204 Paseo
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME ROBERT BROWN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 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 July 9 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>10</u>	<u>1</u> hr. min.

9. Birthplace Ardmore Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name John Brown
 13. Birthplace Unk.
(City, town, or county) (State or foreign country)
 14. Maiden name Emma
 15. Birthplace Unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2

17. (a) removal (b) Date thereof 5/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Okla.

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

(b) Address 1729 Lydia

19. (a) 5-12-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
 year 1942 hour 7 minute 10 a. m.

21. I hereby certify that I attended the deceased from May 8 1942 to May 10 1942
 that I last saw him, alive on May 10 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Broncho-Pneumonia
 Due to Cerebral Apoplexy

Due to 82a
 Other conditions (Include pregnancy within 3 months of death)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature [Signature] (M. D. or other)

Address Gen. Hospital-600 E. 12 Date signed 5-11-42

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

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.....

Walter Jerome Moore

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.