V. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23306

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2679

18
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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: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether years, months or days)

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 3650 Tracy 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Eloise Brown

3. (b) If veteran, name war X

3. (c) Social Security No. None

4. Sex Female

5. Color or race Mex

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

6. (b) Name of husband or wife Pete Brown

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased Nov. (Month) 19 (Day) 1916 (Year)

8. AGE: Years 25 26 | Months 7 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Jesus Ramirez
13. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

MOTHER
14. Maiden name Julia Carbarrabrie
15. Birthplace Mexico (City, town, or county) 3 (State or foreign country)

16. (a) Informant Jesus Ramirez
(b) Address Chanute, Kan

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Chanute, Kan.

18. (a) Signature of funeral director Weilert F. Home
(b) Address 2232 Monitor Pl. K.C. Mo

19. (a) 7-14-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th year 1942 hour 6 minute 33 A.M.

21. I hereby certify that I attended the deceased from 6-16-42, 19..., to 7-13-42, 19...; that I last saw her alive on 7-13-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Malaria (1); with liver degeneration (2) Rt. Hydronephrosis with Pyelonephritis (3); right hydrothorax (4)

Due to 133A

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

Duration

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 Johnny R. Thom (M. D. or other)
Med. Dir. K.C. Gen. Hospital

Address Date signed

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(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. Blaine E. Weeler

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor Pl

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.