

FILED SEP 16 1942
Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3343

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: General Hospital No. 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 8-25-42-9-5-42
(Specify whether years, months or days)

In this community 20 years

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. 2440 Euclid
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME VIOLA (DUKES) BRAZIER

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 5
year 1942 hour 8 minute 30 a. M.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Hurie Brazier

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 28 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 25 1942 to September 5 1942
that I last saw her alive on September 5 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 1 Days 7 If less than one day hr. min.

Immediate cause of death Cerebral Embolism following Blood Transfusion

9. Birthplace Pine Bluff Arkansas
(City, town, or county) (State or foreign country)

Due to Uterine Fibroid

Due to 83 B

10. Usual occupation Unemployed

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Robert Weatherspoon

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

14. Maiden name Nancy Weatherspoon

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

PHYSICIAN

Major findings: Of operations No

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stubbins Bros

(b) Address 1729 Lyden

19. (a) 9-16-42 (Date received local registrar) (b) M. M. Croove (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. O. Stover (M. D. or other)

Address Chm. Bldg. #2-600 E. 22 Date signed 9-9-42

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.....

Isaac J. Manlove

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.