

FILED JAN 21 1943

State File No. _____
Registrar's No. 30

Registration District No. 749

Primary Registration District No. 1002

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 9-17-42-1-2-43
(Specify whether years, months or days) 52 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. 1203 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 GEORGE BRINKLEY

3. (b) If veteran, name war none

3. (c) Social Security No. 494-16-0208

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 December 1 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Nashville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Allen Brinkley

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

14. Maiden name Hattie Copeland

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 1/5/43
(Specify, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, K. C.

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

(b) Address 1729 Lydia

19. (a) 1-5-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1943 hour 12:35 minute P. M.

21. I hereby certify that I attended the deceased from September 17 1942 to January 2 1943
that I last saw him alive on January 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of tongue with metastasis to neck Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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? _____

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

23. Signature J. C. Turner (M. D. or other) _____
Address Gen. Hosp. #2-600 E. 18 Date signed 1-5-43

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.....

Jerome Masopce

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.