

FILED AUG 6 1943

Registration District No. 149

Primary Registration District No. 1002

3106

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: General Hospital #20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/17-6/30/43
(Specify whether years, months or days) 3 Days

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 1816 Grove--Apt. 3
(If rural, give location)

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

3. (a) PRINT FULL NAME DEDEE BRIGHT

3. (b) If veteran, name war no

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 December 17 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>6</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Clarksville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name George Bright

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

14. Maiden name Allie Vaughn

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 7-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Simple

18. (a) Signature of funeral director Brady Fun. Home

(b) Address N. C. Mo.

19. (a) 7-15-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1943 hour 7:35 minute 2 P. M.

21. I hereby certify that I attended the deceased from June 17, 1943 to June 30, 1943
that I last saw him alive on June 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction

Due to Jacksonian Bands of undetermined origin (not operated)

Due to 12282

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? _____
(City or town) (County) (State)

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

23. Signature J. E. Brown (M. D. or other) MD.
Address 600 E. 22nd St. - Ken. Hosp. #2 Date signed 7-2-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.