

Registration District No. 101349

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: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 DAYS
(Specify whether years, months or days)

In this community 25 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. 1305 IRROOST AVENUE
(If rural, give location)

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

If yes, name country: _____

3. (a) PRINT FULL NAME MR DAVID A. AUBREY

3. (b) If veteran, name war WORLD WAR I 3. (c) Social Security No. 487-07-3132

4. Sex MALE 5. Color or race WHITE 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 OCTOBER - 30 - 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>0</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace JOHNSTOWN PENNSYLVANIA
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business BUCKLEW AUCTION COMPANY

12. Name DAVID AUBREY

13. Birthplace RUHMIE SOUTH WALES
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA MAHAN

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

16. (a) Informant MRS. RACHEL BUCKLEW

(b) Address 5115 LYDIA AVENUE

17. (a) REMOVAL (b) Date thereof NOV. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JOHNSTOWN, PENNSYLVANIA

18. (a) Signature of funeral director W. H. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-20-43 (b) W. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1943 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from 11-18-43 to 11-18-43
that I last saw him alive on 11-18-43
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory paralysis due to metastatic brain tumor & edema -

Due to Primary Bronchogenic Carcinoma

Due to metastasis to adrenal & abdominal nodes -

Duration 6 wks?

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

Major findings: 47c
Of operations _____

Of autopsy Above - Autopsy pending (microscopic)

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) no

(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 Thomas W. Brown (M. D. or other) MD
Address 1630 Professional Bldg Date signed 11-19-43

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 Emile M. Colburn

Licensed Embalmer No. 3506

P. O. Address F. C. Mo.

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.