

Registration District No. 149

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:  
K. C. General Hospital No. 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 mo. 29 days  
(Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME Charlie Brann

3. (b) If veteran, name war No Record  
3. (c) Social Security No. Unknown

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Unknown  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased No Record  
(Month) (Day) (Year)

8. AGE: Years 84 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Cook

11. Industry or business Unknown

MOTHER FATHER }  
12. Name Unknown  
13. Birthplace " " " "  
(City, town, or county) (State or foreign country)  
14. Maiden name " " " "  
15. Birthplace " " " "  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Harry Eckhardt

(b) Address Okmulgee, Oklahoma

17. (a) Burial (b) Date thereof 12/23/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Dyck and Bohin

(b) Address 20 West Lincoln St. C. Mo.

19. (a) 12-23-43 (b) N. C. Brown  
(Date received local registrar) (Registrar's signature)

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. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18  
year 1943 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 19 43 to December 18 43  
that I last saw him alive on December 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Hypostatic Duration \_\_\_\_\_

Due to 107

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature Wiley R. Brown (M. D. or other)  
Address Med. Dir. Gen'l Hosp. Date signed 12-20-43

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 Charles M. Quirk

Licensed Embalmer No. 3774

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.**