

Registration District No. 1944/9

Primary Registration District No. 1002

Registrar's No. ....

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: 1313 Charlotte  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution, 4 yrs (Specify whether years, months or 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. 1313 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME Katherine Brown  
3. (b) If veteran, ✓ name war ✓  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 18  
year 1943 hour 1 minute 30 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Ralph Brown 6. (c) Age of husband or wife if alive 52 years  
7. Birth (date of deceased) Feb-14-1896  
(Month) (Day) (Year)

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

8. AGE: 48 Years 10 1/2 Months 4 Days If less than one day hr. min.

Immediate cause of death Lobar Pneumonia  
Due to 108

9. Birthplace Argentine Kansas 1  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)  
Due to 108

10. Usual occupation Stitch

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business  
12. Name David Murphy  
13. Birthplace Kansas 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Kane  
15. Birthplace Kansas 1  
(City, town, or county) (State or foreign country)

Major findings: Of operations  
Of autopsy See Above

16. (a) Informant Im Chas Murphy  
(b) Address 914 Delaware, Lawrence, Mo  
17. (a) Buried (b) Date thereof Dec-21-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ 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? \_\_\_\_\_

18. (a) Signature of funeral director A. R. Dechter  
(b) Address K. C. Mo  
19. (a) 12-20-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Wether (M. D. or other) M. D.  
Address 23 McKoy Date 12/19/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *J.P. Kochler* .....

Licensed Embalmer No. *1166* .....

P. O. Address. *1415 E 15* .....

**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.**