

FILED FEB 3/1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 127

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 8 days
(Specify whether
In this community 50 years
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. 623 Euclid
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin Brewer
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 9
year 1944 hour 2 minute 30 P.M.

4. Sex Male 5. Color or race Wh
6. (a) Single, widowed, married, Widowed
2 divorced
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Dec 12th 1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1, 1944 to January 9, 1944
that I last saw him alive on January 9, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
95 0 27 hr. min.

Immediate cause of death Lobar Pneumonia Duration _____
Due to _____
Due to 100

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0
10. Usual occupation Retired

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Brewer
13. Birthplace unknown (City, town, or county) (State or foreign country) 7
14. Maiden name _____
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant Mrs A.E. Boden
(b) Address 416 Spruce
17. (a) Burial (b) Date thereof Jan 12th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem Indp Mo

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? _____

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Blvd
(c) Date received local registrar Jan 11, 1944
19. (a) J. E. Brewer (b) _____ (Registrar's signature)
(Date received local registrar)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature A. E. Washer (M. D. or other) M.D.
Address Med. Dir. Gen'l Hosp. Date signed 1-10-44

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

361

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 Chas. W. R.

Licensed Embalmer No. 2644

P. O. Address. 1800 Linwood

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.