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FILED FEB 10 1944  
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Registration District No. \_\_\_\_\_ 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. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 days**  
(Specify whether  
In this community **Lifetime**  
years, months or days)

3. (a) PRINT FULL NAME **Roy Brewer**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **24-147629**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Winifred Brewer** 6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **September 28 1893**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **3** Days **21** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Salesman**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Warren Brewer**

13. Birthplace **Randolph County, Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Fletcher Smith**

15. Birthplace **Clarence Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Winifred Brewer**

(b) Address **5130 Lydia**

17. (a) **Burial** (b) Date thereof **1-21-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cemetery**

18. (a) Signature of funeral director **J. F. O'Connell**

(b) Address **3256 Broadway**

19. (a) **Jan 30, 1944** (b) **J. F. O'Connell**  
(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. **4321 Broadway**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **18**  
year **1944** hour **10** minute **5 A.M.**

21. I hereby certify that I attended the deceased from **January 14 1944** to **January 18 1944**  
that I last saw him alive on **January 18 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Perforated Ulcer with complications of peritonitis**

Due to **Gastrectomy - Abdominal ulcer**

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

Major findings:

Of operations \_\_\_\_\_

Of autopsy **117a**

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 **C. E. Upster** (Specify type of plate)  
**Med. Dir. Gen'l Hosp.** (M. D. or other)  
Address \_\_\_\_\_ Date signed **1-19-44**

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.....

*Park Y. Rowe*

Licensed Embalmer No.....

*2347*

P. O. Address.....

*R. E. M.*

**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.**