

FILED APR 7 1944  
1944

State File No. \_\_\_\_\_  
Registrar's No. 1314

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: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether \_\_\_\_\_)

In this community 12 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri 48

(a) State \_\_\_\_\_ (b) County Jackson 3

(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")

(d) Street No. 6744 Bales  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country x

3. (a) PRINT FULL NAME Mrs. Etta Brown

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st  
year 1944 hour 7:00 minute P M.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased October 19 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1943 to March 21st 1944  
that I last saw him or her alive on March 21st 1944  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>5</u>	<u>2</u>	hr. - min.

Immediate cause of death: Coronary thrombosis  
Diabetic mellitus  
Due to Glomerular nephritis

Duration of death 6 years  
6 yrs

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

10. Usual occupation at home

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

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business x

MOTHER FATHER { 12. Name Abson Johnson

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Etta Johnson

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

Major findings: Of operations 61

Of autopsy \_\_\_\_\_

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

16. (a) Informant Mrs. Adah Bell Suiter Beartee

(b) Address 6744 Bales, Kansas City, Missouri

17. (a) Removal (b) Date thereof 3-24-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lowry City, Missouri

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 Stine & McClure  
3235 Gillham Plaza, Kansas City, Mo.

(b) Address \_\_\_\_\_

19. (a) 3-24-44 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Alley L. Healey, M.D. (D. or other) \_\_\_\_\_  
Address 1100 P. St. Bldg Date signed \_\_\_\_\_

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

*Coffin Body*

Dr. Hearst

**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

*Dixon L. Pepler*

Licensed Embalmer No. *4225*

P. O. Address *H. C. 3 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.**