

FILED AUG 23 1944
Registration District No. _____

149

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7-18-44-8-5-44
(Specify whether years, months or days)

In this community 45 years

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. 2426 Montgall
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DORA TAYLOR

3. (b) If veteran, name war no

3. (c) Social Security No. 710

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1944 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from July 18
19 44 to August 5 19 44

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife in years _____

7. Birth date of deceased December 14 1881
(Month) (Day) (Year)

that I last saw her alive on August 5 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Broncho pneumonia

Duration _____

8. AGE: Years Months Days If less than one day

62	7	21	22	hr. _____ min. _____
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Due to Carcinoma of left Maxillary Sinus

Due to _____

9. Birthplace Richmond Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

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.

11. Industry or business _____

12. Name Scott Brown

13. Birthplace _____ Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Huggins

15. Birthplace _____ Mo. 0
(City, town, or county) (State or foreign country)

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury ?

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 8-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th St. K.C. Mo.

19. (a) 8-8-44 (b) D.C. Brown
(Date received local registrar) (Registrar's signature)

23. Signature J. C. Brown (M. D. or other) _____

Address Gen. Hosp. #2 6006 22nd Date signed 8/7/44

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

8
3
8

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..... *A. T. Moore*

Licensed Embalmer No. *948*

P. O. Address: *K. C. 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.