

S. No. 2
 M-543
 v. 5-17-39
 I X36671

FILED JULY 2 1946

Registration District No. _____ Primary Registration District No. 1002

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

19049

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 1 mo. 4 days
(Specify whether years, months or days)
 In this community 30 yrs.

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. 1421 Lydia
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cleola Brown
 3. (b) If veteran, name war no 3. (c) Social Security No. 487-26-9354

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 12, year 1946 hour 5: minute 40 A. M.
 21. I hereby certify that I attended the deceased from May 8, 1946, to June 12, 1946.
 That I last saw her alive on June 12, 1946, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mack Brown
 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased March 29, 1907
(Month) (Day) (Year)

Immediate cause of death Carcinomatosis
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>2</u>	<u>13</u>	hr. min.

Due to Squamous cell carcinoma of cervix

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

Due to _____

10. Usual occupation Housewife

Other conditions 480
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: _____

12. Name Preston Torrence

Of operations _____

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

Of autopsy _____

14. Maiden name Pinkie Barbee

Underline the cause to which death should be charged statistically.

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

16. (a) Informant Medical Records Librarian

22. If death was due to external causes, fill in the following:

(b) Address General Hospital No. 2

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof June 17, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Lincoln Cemetery

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director Hest. Appleton Jones

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 1905 Vine

While at work? _____ (2) Means of injury _____

19. (a) 6-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) 0

Address General Hospital No. 2 Date signed 6/12/46

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.....

[Handwritten Signature]

Licensed Embalmer No. 4710

P. O. Address. K. O. 740

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.