

No. 2
2-45
17-39
X47070

FILED AUG 9 1948

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hosp No 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 5 d.
(Specify whether
In this community yes
years, months or days)

3. (a) PRINT FULL NAME WILLIAM-BRODY.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced 3 divorced

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

7. Birth date of deceased April 26-1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 2 If less than one day — hr. — min.

9. Birthplace Jasper County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Cement finisher

11. Industry or business none

12. Name Thomas Brody

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

14. Maiden name Allie Duncan

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

16. (a) Informant Records State Hosp
(b) Address Nevada Mo

17. (a) Removal (b) Date thereof 7-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo
(d) Signature of funeral director Mrs. C. L. Foster
(e) Address Kansas City, Mo.

19. (a) 7-28-46 (b) Walter Jancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 523 Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1946 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 23, 1946 to July 28, 1946
that I last saw him alive on July 28, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Due to _____

Other conditions Psychosis due to alcohol
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy none 13/1

22. If death was due to external causes, fill in the following: No

(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) _____

23. Signature Paul L. Barov (M. D. or other)
Address State Hosp No 3 Date signed July 28

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

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

FEB 28 1948

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RECEIVED
District Health Officer No. 7
District No. 7-46-807
Date Filed 8-8-46

FEB 19 1948

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.....

Licensed Embalmer No. 4173

P. O. Address N. C. Ins.

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.