

Registered District No.

149

Primary Registration District No.

1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 hrs
 In this community 5 mo - 4 days (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAMEPatricia Ann Brown3. (b) If veteran,
name war no3. (c) Social Security
No. no4. Sex Female5. Color or
race W6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

054

hr.

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof Dec. 9, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 12-7-46
(Date received local registrar)(b) Geraldine Holmes
(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. 2718 Grove
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec., day 6
 year 1946 hour 6 minute 30 P.

21. I hereby certify that I attended the deceased from
Nov. 29, 1946, to Dec 6, 1946
 that I last saw him alive on Dec. 6, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

Congenital Heart

Duration

Since BirthDue to Malnutrition2 mo

Due to _____

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations _____

Of autopsy no

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work? _____

(Specify type of place)

(e) Means of injury D23. Signature Charles Eldridge (M. D. no)Address 6297 Brookside BlvdDate signed 12-6-46

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 C. H. Wise

Licensed Embalmer No. 2590

P. O. Address 100 W. 1st St.

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.