

No. 2
-12-45
-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17329
Registrar's No. 2103

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 10 DAYS
In this community 4 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 4233 E. 13TH ST.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME DORA BROWN
3. (b) If veteran, name war NO
3. (c) Social Security No. 493-26-4213

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 10, year 1947 hour 10: minute 45 A. M.
21. I hereby certify that I attended the deceased from APRIL 30, 1947 to MAY 10, 1947 and that death occurred on the date and hour stated above.

4. Sex FEMALE Color or race NEGRO
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Walker
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased JANUARY 8, 1900

Immediate cause of death LEFT PERI-NEPHRITIC ABSCESS
Duration

8. AGE: Years 47 Months 4 Days 2

9. Birthplace GALVESTON TEXAS

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name JOE BRYANT

13. Birthplace HOUSTON TEXAS

14. Maiden name MAGGIE BYRD

15. Birthplace HOUSTON TEXAS

16. (a) Informant: LEOA SCOTT (DAUGHTER)

(b) Address 4233 E. 13TH ST.

17. (a) REMOVAL (b) Date thereof 5-14-47

(c) Place: burial or cremation YAZOO CITY, MISS.

18. (a) Signature of funeral director
(b) Address 1819 E. 015th KC Mo.

19. (a) 5-13-47 (b) Registrar's signature

Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy SAME AS ABOVE

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

23. Signature (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 5/12/47

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

MOTHER FATHER

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.....

Lawrence A. Jones

Licensed Embalmer No.....

4429

P. O. Address.....

2500 Park - 15.e.

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.