

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

FILED AUG 28 1947

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 140

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie Twp
(c) Name of hospital or institution: Jackson Co Home for aged
(d) Length of stay: In hospital or institution 4 yr - 6 Day
In this community 10 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 9 - E. 34th
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME HARRY T. BRAND

3. (b) If veteran, name war Un Known 3. (c) Social Security No. Un Known

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased 11-14-1868

8. AGE: Years 78 Months 8 Days 25

9. Birthplace Un Known

10. Usual occupation

11. Industry or business

12. Name FATHER

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant Jackson Co Home Records

(b) Address R.R. #4 Indip MO

17. (a) Burial (b) Date thereof 8-16-47

(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature D. D. Langford

(b) Address Lees Summit Mo

19. (a) AUG. 14, 1947 (b) Donald C. Emshouser

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9 year 1947 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from 8/8 to 8/9 1947
that I last saw him alive on 8/8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Heart protrusion

Due to

Due to

Other conditions

Major findings: Of operations 191

Of autopsy 191

22. If death was due to external causes, fill in the following: 1 2 3

(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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature R. N. Green (M. D. or other)

Address Missouri Ave Mo Date signed 9/12/47

Handwritten notes and scribbles at the top of the page, including the name "HAROLD J. BROWN" and other illegible markings.

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: *[Signature]*
.....
.....
.....
.....

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.