

No. 10-47
5-17-39
I 3908

FILED DEC 14 1948
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 4923

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: K.C.T.B HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos - 24 days
(Specify whether _____)

In this community 18 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1422 1/2 E 18th ST 6
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME BROWN, FRANK

3. (b) If veteran, name war None

3. (c) Social Security No. 360-03-4713

4. Sex M 0 race NEGYRO

6. (a) Single, widowed, married, divorced S 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased JULY 8 1907
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 30
year 48 hour ONE minute 50 AM M.

21. I hereby certify that I attended the deceased from 9-6-48
19____, to 11-30, 1948
that I last saw him alive on 11-30-48, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 4 Days 22
If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis 4 1/2 yrs. Duration

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

9. Birthplace Key West Fla 1
(City, town, or county) (State or foreign country)

10. Usual occupation COOK

11. Industry or business _____

Major findings: Of operations 5" PHYSICIAN _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name BROWN, WILLIAM

13. Birthplace Key West FLORIDA 1
(City, town, or county) (State or foreign country)

14. Maiden name LORETTA U. BROWN

15. Birthplace Key West Fla 1
(City, town, or county) (State or foreign country)

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 _____

23. Signature G. K. Landis (M. D. or other) G. K. Landis
Address K.C. Hosp. Date signed 1/30/48

16. (a) Informant K.C.T.B HOSPITAL

(b) Address Lead's, MISSOURI

17. (a) Removal (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Key West Fla

18. (a) Signature of funeral director J. H. Moore

(b) Address 1820 E 18th St

19. (a) 12-2-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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..... *HB Moore*

Licensed Embalmer No. *2410*

P. O. Address. *1520 E 18th 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.