DES'D OCT 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31399
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Kaw
(c) City: Kansas City
Registration District No.: 395
Primary Registration District No.: 1002
(d) Street No.: 1009 W. 63rd St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registered No.: 3696
(e) Length of residence in city or town where death occurred: 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Rev. Sanford M. Brown (657)
(a) Residence, No.: 1009 W. 63rd Street St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lula Brown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 12 1855
7. AGE: Years 83 Months 2 Days 9 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Minister
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Carolina

FATHER
13. NAME: William G Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No. Carolina

MOTHER
15. MAIDEN NAME: Priscilla Eldridge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No. Carolina

17. INFORMANT (ADDRESS): Joseph Brown 1009 W 63 st K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Moriah DATE: 9-23, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Freeman Mortuary Kansas City, Missouri
20. FILED: Sept 22, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-21-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1930, 19..., to Sep 21, 1938
I last saw him alive on Sep 21, 1938. Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

Mesenteric Thrombosis acute - 4 days
1930

Date of onset

Other contributory causes of importance:
Arteriosclerosis generalized

Name of operation: no Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. E. Kuo, M. D.
(Address) 934 Ayer Bldg Kansas City, Mo

Licensed Embalmer's Statement on Reverse Side)

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Knappenberger
Angola Bldg.

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, J. Lamen Freeman, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed J. Lamen Freeman

Licensed Embalmer No. 29 3.9

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.