N. B.—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.

DEC'D NOV 21 1938

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

34621
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Kaw
(c) City Kansas City
(d) Street No. St Mary's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
Registration District No. 399
Primary Registration District No. 1002
Registered No. 3957
(e) Length of residence in city or town where death occurred yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dorothy Jean Brown
(a) Residence, No. 5542 Bonita 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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-9-38
7. AGE: YEARS | MONTHS | DAYS: 1 + 6 hrs. | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Infant
9. Industry or business in which work was done, as saw mill, bank, etc.
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): K.C. Mo Jackson
FATHER
13. NAME: Otto J. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson City Mo
MOTHER
15. MAIDEN NAME: Dorothy Leone Pointer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Leavenworth Kas.
17. INFORMANT (ADDRESS): Mrs Otto Brown 5542 Bonita K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Pk DATE: Oct-12 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Dew New Comers Sons Kansas City Mo.
20. FILED: Oct 11 1938 M. M. Crown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-11-, 1938
22. I HEREBY CERTIFY, That I attended deceased from 10-9-, 1938, to 10-11-, 1938
I last saw her alive on 10-10-1938, 19.... Death is said to have occurred on the date stated above, at 4:17 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemolitic anemia of new born (present at Birth)	?

Other contributory causes of importance: N/A

Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Leo A. O'Brien, M. D.
(Address) 801 1/2 W 39 St. K.C. Mo.

Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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