

REC'D FEB 20 1939

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

1349

Do not use this space.

362

Registered No. \_\_\_\_\_

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100v  
 (c) City Kansas City (d) Street No. 3839 East 62nd St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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** 650 Mr. Henry Brown

(a) Residence, No. 3839 East 62nd St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Amelia Brown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 17, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 1 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Hardware  
 9. Industry or business in which work was done, as saw mill, bank, etc. Merchant  
 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) Scotland13. NAME Mr. George Brown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland15. MAIDEN NAME Miss Mary McLaughlin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland17. INFORMANT Mrs. W. G. Ennis  
(ADDRESS) 3839 East 62nd., Kansas City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE January 28, 1939  
Elmwood Cemetery19. FUNERAL DIRECTOR (NAME) Stine & McClure  
(ADDRESS) Kansas City, Missouri.20. FILED Jan 28, 1939 M. M. Brown  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1939

22. I HEREBY CERTIFY, that I attended deceased from Dec 1, 1928 to Jan 26, 1939  
 I last saw him alive on Jan 25, 1939 Death is said to have occurred on the date stated above, at A. m. 8:15  
 The principal cause of death and related causes of importance were as follows:

Congenital granular metastasis to lungs -  
51  
 Date of onset 4 years

Other contributory causes of importance:  
Chronic Bronchitis 1-25-39

Name of operation None Date of None  
 What test confirmed diagnosis? Clinical 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 None  
 (Signed) Henry L. Powell, M. D.  
 (Address) Kansas City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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**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 comply with the above constitutes grounds for revocation of license.)**

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