

SEP 8 1939

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

29974
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696
 (b) Township May Primary Registration District No. 5928 Registered No. 21
 (c) City Parkville (d) Street No. R.F.D. (At Home) 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 Benjamin William Brown

(a) Residence, No. Parkville, Mo. R.F.D. 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neva Brown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as Sawyer, bookkeeper, etc. cattlemen
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

FATHER 13. NAME Arch Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

MOTHER 15. MAIDEN NAME M. Ligon
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

17. INFORMANT (ADDRESS) Mrs. Neva Brown.
R.F.D. North Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkville, Mo. DATE Aug. 14, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morton Funeral Home
North Kansas City Mo. 627

20. FILED 8/22, 1939, Mrs. Francis E. Murray,
 By William T. Ham Local Registrar. (Address) Parkville
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to Aug 11, 1939
 Last saw him alive on Aug 11, 1939 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Senility
or Senile dementia
 Date of onset 162
 Other contributory causes of importance:

Name of operation 0 Date of 0
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? + Date of injury +, 1939
 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 J. Underwood, M. D.
 (Signed) J. Underwood (Address) Parkville

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. WHITE PLAINLY, WITH CAPING. I X14028

RECEIVED

District Health Officer No. 111

Statist. File Number 939-1127

Date Filed SEP. 7. 1939

Mr. Francis Murray
Mr. W. C. [unclear]
Mr. [unclear]

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.