

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4731

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Mercy Hospital, Kansas City, Mo. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days) 8 months

3. (a) PRINT FULL NAME Joe Rozel Brown 650

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 9th, 1939
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
- 8 4 _____ hr. _____ min.9. Birthplace Kansas City, Mo. 0
(City, town, or county) (State or foreign country)10. Usual occupation Only a child 1

11. Industry or business _____ 1

12. Name Walter J. Brown13. Birthplace K. C. Kansas.
(City, town, or county) (State or foreign country)14. Maiden name Florence Hedrick15. Birthplace Kansas.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Florence B. Brown(b) Address 400 Montgall, K. C. Mo.17. (a) Burial (b) Date thereof Dec. 15-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Lawn Cemetery.18. (a) Signature of funeral director Mrs. C. L. Forster(b) Address 912 Brooklyn Avenue, K. C. Mo.19. (a) Dec. 14, 1939 (b) D. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County Jackson
 (c) City or town Kansas City, Missouri.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3114 East 10th, Str.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1939 hour 8 minute 58 A.M.21. I hereby certify that I attended the deceased from Dec 13
1939, to Dec 13 1939
that I last saw him alive on Dec 13 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Meningitis
Influenza
systemic
 Due to 116
 Due to _____

Other conditions terminal
(Includes pregnancy within 3 months of death)

Major findings: pneumonia
 Of operations _____
Toxic degeneration
 Of autopsy general organs

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 W. B. Godberg (M. D. or _____)
Address 1316 Park Bldg Date signed Dec 13

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

Theron A. Redman

Licensed Embalmer No. *2737*

P. O. Address *F.C.M.*

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.