

JUN 17 1940  
Registration District No. **399**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Research Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community **22 years** years, months or days)

3. (a) PRINT FULL NAME **Mrs. Hilda J. Brown 650**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **William M. Brown** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **August 10, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**60** **9** **0** hr. min.

9. Birthplace **England**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business **6**

MOTHER FATHER { 12. Name **Edward P. Meyer**

18. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Wood**

15. Birthplace **England**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William M. Brown**

(b) Address **4950 Tracy**

17. (a) **Burial** (b) Date thereof **May 13, 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **104 W. 42nd St., K.C., Mo.**

19. (a) **May 13, 1940** **M. 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**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4950 Tracy**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? **50 years** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10**,  
year **1940** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **2-12**  
**49** to **5-10**, 19**40**,  
that I last saw him alive on **9-10**, 19**40**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **General arteriosclerosis**  
Due to **Coronary artery**

Due to **49**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **appt**

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 **Daniel Beach** (M. D. or other)  
Address **924 Prof Bldg, K.C., Mo.** Date signed **5-11-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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, ~~and by~~ \_\_\_\_\_

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

Signed Clarence W. Childs

Licensed Embalmer No. 3473

P. O. Address H. C. 760

**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.**

*Handwritten:*  
12-1-60  
H. C. Childs