

FILED AUG 14 1940

No. 2
-11-10-39
5-17-39
I X21492DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **24092**
Registrar's No. **2702**Registration District No. **399**Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
 (b) City or town **Kansas City, Mo.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3266 Oak Street, K.C.Mo.
 (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 **Nora P. Brown,** **650**3. (b) If veteran, name war **None** 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 Brown** 6. (c) Age of husband or wife if alive **73** years7. Birth date of deceased **June 29th, 1871**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
69 **0** **5** hr. min.9: Birthplace **Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER
12. Name **Frank Glesins,**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)14. Maiden name **Margaret Gleason,**
15. Birthplace **England**
(City, town, or county) (State or foreign country)16. (a) Informant **Archie E. Brown,**
(b) Address **3266 Oak Str., K.C.Mo.**17. (a) **Burial** (b) Date thereof **July 6th, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park, K.C.Mo.**18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn K.C.Mo.**19. (a) **July 6, 1940** (b) **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, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3266 Oak Str., K.C.Mo.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4th,**
year **1940** hour _____ minute **7** P.M.21. I hereby certify that I attended the deceased from **May 10 - 40**
_____, 19____ to **July 4 -**, 19 **40**
that I last saw h **er** alive on **July 4 -**, 19 **40**
and that death occurred on the date and hour stated above.Immediate cause of death **Myocarditis -**Due to **92 D**

Due to _____

Other conditions **Arterio Sclerosis -**
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____

Of autopsy _____

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 **1**23. Signature **C. D. Cantrell** (M. D. or other)
Address **636 Argyle St** Date signed **7-5-40**

(Licensed Embalmer's Statement on Reverse Side)

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

Off-Ar-Ex-1e Bldg.
Ph: Ha: 0147.
Apr 12:00

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.....

W. H. Wise

Licensed Embalmer No.....

2570

P. O. Address.....

1100 Mo

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.