

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27743**  
**3377**  
Registrar's No. \_\_\_\_\_

Registration District No. **399** Primary Registration District No. **1002**

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: **General Hospital #2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8-11-40-8-11-40**  
In this community **5 hours** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Infant Brown** **657**  
8. (b) If veteran, name war **--** 8. (c) Social Security No. **--**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Singel**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **8** **11** **1940**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**-- -- -- hr 5 hrs min.**

9. Birthplace **Kansas City** **Mo.** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business \_\_\_\_\_  
12. Name **Ellis Brown**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lenobia Jenkins**  
15. Birthplace **Arkansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Record Clerk**  
(b) Address **General Hospital #2**

17. (a) **Burial** (b) Date thereof **Aug 28 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **beds**

18. (a) Signature of funeral director **Tom A. Sawyer**  
(b) Address **11 E. Sun West**

19. (a) **Aug. 28, 1940** (b) **M. M. McCreave**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1804 1/2 E. 12th St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **11**  
year **40** hour **7** minute **30** A. M.  
21. I hereby certify that I attended the deceased from **8-11-**, 19 **40** to **8-21-**, 19 **40**  
that I last saw h. **im** alive on **8-11-**, 19 **40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature Birth**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
PHYSICIAN **151**  
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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

28. Signature **E. O. Turner** (M.D. or other)  
Address **Gen Hosp #2** Date signed **8-12-40**

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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.**