

SEP 16 1940
Registration District No. 85 Primary Registration District No. 1001

11
5
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Euchanan
(b) City or town St. Joseph, Mo.
(c) Name of hospital or institution: Saint Joseph Hospital.
(d) Length of stay: In hospital or institution 1 Day
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Doniphan
(c) City or town Ellwood
(d) Street No. _____
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Susie Brown
3. (b) If veteran, name war No 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 11th.
year 1940 hour 4 minute 30 PM.

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sidney Brown (Deceased) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1st, 1880

21. I hereby certify that I attended the deceased from May 22, 40 to Aug 11, 40
that I last saw her alive on Aug 10 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 1 Days 10 If less than one day hr. _____ min. _____

Immediate cause of death Heart Disease - Arteriosclerotic
Due to Arteriosclerosis
Due to _____

9. Birthplace Saint Joseph Missouri
10. Usual occupation House Keeper

Other conditions Coronary sclerosis 3 mo
(Include pregnancy within 3 months of death)

11. Industry or business None
12. Name Peter York
13. Birthplace Nashville Tenn.
14. Maiden name Errie Ann Jenkins
15. Birthplace Missouri

Major findings: None (no postmortem)
Of operations _____
Of autopsy None

16. (a) Informant Hamilton Brown
(b) Address 2210 Locust, Street.
17. (a) Removed (b) Date thereof 8/14/40
(c) Place: Bellmont Cemetery
18. (a) Signature of funeral director Russell Montgomery
(b) Address 1602 Messanie, Street
19. (a) 8/14/40 (b) H. J. Mestlough

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes
(e) While at work? _____ (Specify type of place) _____
(f) Means of injury _____
23. Signature H. J. Mestlough (M. D. or other) _____
Address 825 Charles St. Joplin Date signed 8/15/40

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.....

J. F. Ramsey

Licensed Embalmer No: *4081*

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.