S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 12 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34390

Primary Registration District No. 1002

Registrar's No. 3816

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: 1
Manorah Hosp;
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Months (Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5131 Garfield
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 37 years years.

3. (a) PRINT FULL NAME Sarah Brown

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 husband
Sam Brown

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec. (Month) 25th, (Day) 1897 (Year)

8. AGE: Years 42 Months 9 Days 5 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia (State or foreign country) 7

10. Usual occupation house wife 7

11. Industry or business 7

FATHER
12. Name Simon Mnaokin 7
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Sam Brown
(b) Address 5131 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director Louis Funeral Home
(b) Address 3400 Woodland Ave.

19. (a) 10-2-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1940 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from May, 1939, to Sept 30, 1940 that I last saw her alive on Sept 30, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tumor of Abdomen Malignant	2 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 53	
Major findings: Of operations: Brain tumor	
Of autopsy:	

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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature L H Schwab (M. D. or other)
Address 1406 Bryant Bldg Date signed 10/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 A. L. Louis, Registered Apprentice No. working under my personal supervision.

Signed A. L. Louis

Licensed Embalmer No. 3110

P. O. Address 3400 Woodlawn

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.