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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37629

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4227

FILED DEC 11 1940

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: 1619 Norton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) In this community over 30 years

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") 0
(d) Street No. 1619 Norton (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Annie Brown
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Brown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 29 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
72	3	5	____ hr. ____ min.

9. Birthplace Knobnoster (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home 4
11. Industry or business 4
MOTHER FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country)
14. Maiden name Rebecca
15. Birthplace (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Eula Brown
(b) Address 1619 Norton
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11/6/40 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia
19. (a) 11-6-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4 year 1940 hour 2 minute 15 A. M.
21. I hereby certify that I attended the deceased from 10/28/40, 19__, to 11/1/40, 19__; that I last saw h. er alive on 11/1/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemmorrhage	
Due to Arterio Sclerosis. 666	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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
23. Signature D. N. Nacker (M. D. or other)
Address 1820 Vine K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

E. A. Halkin

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.