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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1125

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 85

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

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: 1436 E. 13th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community About 38 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1436 E. 13th 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Martha Brown

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid ?
6. (b) Name of husband or wife John Brown
6. (c) Age of husband or wife if alive no years
7. Birth date of deceased June (Month) 15 (Day) 1880 (Year)

8. AGE: Years 60 Months 6 Days 19 If less than one day hr. min.

9. Birthplace Fayette (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Domestic
11. Industry or business
FATHER
12. Name Greene Williams
13. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
MOTHER
14. Maiden name Mamie Williams
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Lula Wilson
(b) Address 1436 E. 13th
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 7 (Day) 1941 (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th
19. (a) Jan 7, 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day Jan year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 28, 1940 to Jan 4, 1941 that I last saw her alive on Jan 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of uterus

Due to

Due to 48

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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 0

23. Signature [signature] (M.D. or other)
Address [illegible] Date signed Jan 6, 1941

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Edw G Evans

Licensed Embalmer No. 3836

P. O. Address.....

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.