

No. 2
-13-40
-17-39
X23159

PRELIMINARY STATEMENT

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13652**
Registrar's No. **1633**

Registration District No. **299** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution **5523 Crestwood Drive**
(d) Length of stay: In hospital or institution **30 yrs**
In this community **30 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **5523 Crestwood Drive**
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Ira Calvin Brown**
(b) If veteran, name war **no**
(c) Social Security No. **789-07-7281**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **24** year **1941** hour **4** minute **25** P.M.

4. Sex **male** 5. Color of race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Constance Brown**
6. (c) Age of husband or wife if alive **35** years
7. Birth date of deceased **Jan 11 1889**

21. I hereby certify that I attended the deceased from **Dec 1940** to **April 24 1941**
that I last saw him alive on **April 24 1941**
and that death occurred on the date and hour stated above.

8. AGE: Years **52** Months **3** Days **13** If less than one day hr. min.

Immediate cause of death **Uremia**
Due to **Hypertension + Coronary thrombosis**
Due to **Chr Nephritis (glomerular)**
Other conditions **131**
(Include pregnancy within 3 months of death)

9. Birthplace **Nebraska**
10. Usual occupation **President**
11. Industry or business **Webb Betting Co.**
12. Name **John F. Brown**
13. Birthplace **Missouri**
14. Maiden name **Amanda Mattott**
15. Birthplace **Missouri**

Major findings: Of operations **131**
Of autopsy **131**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Jas. A. Brown**
(b) Address **5630 Harrison**
17. (a) **Burial** (b) Date thereof **April 26 1941**
(c) Place: burial or cremation **Mt. Monah**
18. (a) Signature of funeral director **Mrs. C. R. Foster**
(b) Address **918 Brooklyn**
19. (a) **Apr 24 1941** (b) **M. M. Crow**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **361**
(b) Date of occurrence **0**
(c) Where did injury occur? **361**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **0** (Specify type of place)
(e) Means of injury **0**
23. Signature **George C. Lee** (M. D. or other) **0**
Address **1630 Prof Bldg** Date signed **4-25-41**

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

8
3
8

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 Me

working under my personal supervision.

Registered Apprentice No. _____

Signed J. Blair Shepard

Licensed Embalmer No. 4179

P. O. Address K. C. No.

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, fact should be so stated above.