

No. 2  
-4-41  
17-39  
X28390

Registration District No. 379

Primary Registration District No. 1002

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:  
4242 East 54th Terrace,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 12 years, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Jessie Marie Brown,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife T. M. Brown, 6. (c) Age of husband or wife if alive X years 1909

7. Birth date of deceased July 9 1909  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>32</u>	<u>3</u>	<u>10</u>	hr. min.

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

10. Usual occupation Housewife,

11. Industry or business X

12. Name Will E. Sanders,

13. Birthplace Kentucky,  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Showalter,

15. Birthplace Ohio,  
(City, town, or county) (State or foreign country)

16. (a) Informant T. M. Brown,

(b) Address 4242 East 54th Ter., Kansas City, Mo.

17. (a) Removal, (b) Date thereof 10-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Drexel, Missouri,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 5235 Gillham Plaza, Kansas City, Mo.

19. (a) 10/20/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 048  
(c) City or town Kansas City, 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 4242 East 54th Terrace,  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th  
year 1941 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from April 7  
1941 to Oct 15, 1941  
that I last saw her alive on Oct - 15, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
acute dilatation of heart -  
Carcinoma of uterus -  
Due to 48 B  
Duration 142

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy none  
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) (e) Means of injury  
While at work? \_\_\_\_\_  
23. Signature M. Connelly  
Address 6520 Independence Ave Date signed 10/20/41

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

19  
833

Dr. W. Conley Anderson,

6520 Drury Ave

1-30-60

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.....

Willis H. Bennett, Registered Apprentice No. 282  
working under my personal supervision.

Signed Emery M. Planch

Licensed Embalmer No. 1848

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, fact should be so stated above.**