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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37354

Registrar's No. 4149

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: Childrens Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

In this community one week

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Lee Summit (If outside city or town limits, write "RURAL")

(d) Street No. Route # 3 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Donald Lentz Brown

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 18 (Day) 1940 (Year)

8. AGE: Years 1 Months 7 Days 9 If less than one day hr. min.

9. Birthplace K.C. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Willie H Brown

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

MOTHER

14. Maiden name Retha Taylor

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

16. (a) Informant Willie H. Brown

(b) Address Lee Summit Mo Route # 3.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cem

18. (a) Signature of funeral director Mrs. C R Foster

(b) Address 918 Brooklyn

19. (a) 11-8-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7 year 1941 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct 17 1941, to Nov 7 1941; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho-pneumonia	4 weeks
Due to:	
Due to:	
Other conditions: Cerebro-Spastic-paralysis (Include pregnancy within 3 months of death)	since birth

Major findings:
Of operations: None
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 0

23. Signature Charles J Eldridge (M. D. or other)

Address 6247 Brookside Blvd Date signed 11/7/41

(Licensed Embalmer's Statement on Reverse Side)

8-430

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

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

working under my personal supervision.

Signed C. H. Nise

Licensed Embalmer No. 25-40

P. O. Address K.C. Mo

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.